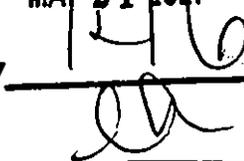




State of Rhode Island
Department of State - Business Services Division

FILED

MAY 21 2021 STAMP

BY 

Annual Report for the year: 2020
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000027057		2. Exact name of the Corporation Jamestown Shores Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A volunteer association serving the community of Jamestown Shores. A social group that meets regularly to discuss the neighbor and island issues.			
4. NAICS Code 813110 					
6. Principal Office Address PO Box 46		City Jamestown		State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Cannon, Jr.			Vice-President Name Ann M. Gagnon		
Street Address 276 Capstan Street			Street Address 10 Champlin Way		
City Jamestown		State RI	Zip 02835	City Jamestown	
				State RI	
				Zip 02835	
Secretary Name Annie McIntyre			Treasurer Name Janet Tarro		
Street Address 103 Uniak Avenue			Street Address 395 Davit Avenue		
City Jamestown		State RI	Zip 02835	City Jamestown	
				State RI	
				Zip 02835	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary Girard			Director Name Anita Girard		
Street Address 39 Seaside Drive			Street Address 39 Seaside Drive		
City Jamestown		State RI	Zip 02835	City Jamestown	
				State RI	
				Zip 02835	
Director Name Carlotte Zarlengo			Director Name		
Street Address 359 Seaside Drive			Street Address		
City Jamestown		State RI	Zip 02835	City	
				State	
				Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Janet Tarro				Date March 16, 2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov