



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000143121

2. Name of Corporation Jamestown Medical Fund, Inc.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813212

4. Principal Office Address

No. and Street: P.O. BOX 236

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO FINANCIALLY ASSIST BONA FIDE RESIDENTS OF JAMESTOWN, RHODE ISLAND IN TIMES OF MEDICAL EMERGENCIES OR EXTREME OR TERMINAL ILLNESS.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	MILDRETH FEENEY	71 HAMILTON AVE JAMESTOWN, RI 02835 USA

PRESIDENT	TIMOTHY BAKER	110 WALCOTT AVENUE JAMESTOWN, RI 02835- USA
DIRECTOR	MARYANN TOPPA MRS	30 BEACH AVE JAMESTOWN, RI 02835 USA
DIRECTOR	TIMOTHY BAKER	110 WALCOTT AVE JAMESTOWN, RI 02835 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARYANN CARR-TOPPA 30 BEACH STREET P.O. BOX 236 JAMESTOWN , RI 02835

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of September, 2021 at 12:16:59 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By TIMOTHY E BAKER
Signature of Authorized Person

Form No. 631
Revised 09/07

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