



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 000027057

2. Name of Corporation JAMESTOWN SHORES ASSOCIATION

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

4. Principal Office Address

No. and Street: P.O. BOX 46
City or Town: JAMESTOWN State: RI Zip: 02835 Country: USA

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

TO CONSERVE AND PROMOTE THE WELFARE OF ITS MEMBERS AND OF JAMESTOWN SHORES

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
PRESIDENT	JOSEPH CANNON JR	276 CAPSTAN ST JAMESTOWN , RI 02835 USA

TREASURER	TIMOTHY J YENTSCH	401 GONDOLA AVE JAMESTOWN, RI 02835 USA
SECRETARY	ANNIE MCINTYRE	103 UMIAK AVE JAMESTOWN, RI 02835 USA
VICE PRESIDENT	ANN M GAGNON	10 CHAMPLIN WAY JAMESTOWN , RI 02835 USA
DIRECTOR	ANITA GIRARD	39 SEASIDE DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	GARY GIRARD	39 SEASIDE DRIVE JAMESTOWN, RI 02835 USA
DIRECTOR	CHARLOTTE ZARLENGO	359 SEASIDE DRIVE 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**

ANN GAGNON 10 CHAMPLIN WAY 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 5 Day of March, 2022 at 2:33:07 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 J. YENTSCH
Signature of Authorized Person

Form No. 631
Revised 09/07

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