RI SOS Filing Number: 202329310190 Date: 2/24/2023 2:10:00 PM



State of Rhode Island

## Department of State - Business Services Division

Annual	Report	for	the	year:
Non-Pr	offt Cor	200	otto	•

2022

2023 FEB 24 PM 2: 07

-> Filing period: February 1 - May 1

→ Fifing Fee: \$20.00

Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation							
000114751	CONCERNED ISLAND TAXPAYERS ASSOCIATION (CITA)							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	CIVIC, PATRIOTIC, NEIGHBORHOOD ASSOCIATION PROVIDING NUMBEROGE							
4. NAICS Code	OF WEGE AND STATE GOVERNMENT AND INTERACTION							
813319	THEREWITH.							
				<del></del>				
6. Principal Office Address			City .	State	Zip			
94 SHORE DRIVE			MIDDLETOWN	RI	બ્રક્ષ્ય			
7. List ALL officers (names and add	iresses)		Che	ck the box to indicate	an attachment			
President Name VALARIE GECB			Vice-President Name TONY VIVEIROS					
Street Address 94 SHORE DRIVE			Street Address 110 INDIAN HILL ROAD					
MIDDLE TOWN	State RI	0781 J	CRY MIDDLE TOWN	State	Zp 02847			
Secretary Name		Treasurer Name MICHAEL FITHM						
Street Address			Street Address 34 WARREN AVE					
City	State	Zip	City PY 100 LETOWN	State R Z	ZP 078/9			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment								
Director Name MICHAEL FLYHN			Director Name UNUANIE GERB					
Street Address 34 WARRON AUE			Street Address 94 SHORE DAIVE					
CITY MINIOUS TOWN	State RT	20 02817	MINDUSTOWN	State RZ	Zip 02842			
Director Name TONY VII	_		Director Name					
Street Address 110 TNDIAN HILL DRIVE			Diction regime					
Circuit Address		Drive	Street Address					
Circuit Address		30110E 200843		State	Zip			
Street Addresse 110 7-10 City MIDDUTUIN	SEAD HILL	Z407815	Street Address  City		Zip			
Street Address 110 7-10 City MINDETUIN 9. The Registered Agent informatio Under penalty of perjury, I declar	State RI on of record with the	Zip 03842 ne RI Department of the the transport of the tr	Street Address  City  f State is accurate. Changes requir  this report, including any accom	e filing Form 641.	<u> </u>			
Street Address  10 FND  City  (10) CTWN  9. The Registered Agent informatio  Under penalty of perjury, I declar statements, and that all statements	State RT. n of record with the re and affirm that into contained he	Zip O384 2 ne RI Department of t I have examined rein are true and	Street Address  City  f State is accurate. Changes requir  this report, including any accom	e filing Form 641.	s and			
Street Address  10 FND  City  10 CTUIN  9. The Registered Agent informatio  Under penalty of perjury, I declar  statements, and that all statement  This report must be signed by either the Pred  Name of Officer/Authorized Repres	State RI n of record with the re and affirm that into contained he wident, Vice-President,	Zip O384 2 ne RI Department of t I have examined rein are true and	Street Address  City  If State is accurate. Changes require this report, including any accomporact.	e filing Form 641.  panying schedule  the, Receiver or Trustee  Date	s and			
Street Address  10 FND  City  MIDDUTUUN  9. The Registered Agent informatio  Under penalty of perjury, I declar statements, and that all statement  This report must be signed by either the Pres  Name of Officer/Authorized Repres  MICHACL FUND	State RI.  State RI.  In of record with the re and affirm that rits contained he adent. Vice-President, sentative	Zip O384 2 ne RI Department of t I have examined rein are true and	Street Address  City  If State is accurate. Changes require this report, including any accomporact.	e filing Form 641.  panying schedule  the, Receiver or Trustee	s and			
Street Address  10 FND  City  10 CTUIN  9. The Registered Agent informatio  Under penalty of perjury, I declar statements, and that all statement  This report must be signed by either the Pred  Name of Officer/Authorized Repres	State RI.  State RI.  In of record with the re and affirm that rits contained he adent. Vice-President, sentative	Zip O384 2 ne RI Department of t I have examined rein are true and	Street Address  City  If State is accurate. Changes require this report, including any accomporact.	e filing Form 641.  panying schedule  the, Receiver or Trustee  Date	s and			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 2 4 2023

BY R FYEGM