



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 FEB 24 PM 2:07

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000114751		2. Exact name of the Corporation CONCERNED ISLAND TAXPAYERS ASSOCIATION (CITA)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CIVIC, PATRIOTIC, NEIGHBORHOOD ASSOCIATION PROVIDING KNOWLEDGE OF LOCAL AND STATE GOVERNMENT AND INTERACTION THEREWITH.	
4. NAICS Code 813319			
6. Principal Office Address 94 SHORE DRIVE		City MIDDLETOWN	State RI
		Zip 02842	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name VALARIE GELB		Vice-President Name TONY VIVEIROS	
Street Address 94 SHORE DRIVE		Street Address 110 INDIAN HILL ROAD	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
Secretary Name		Treasurer Name MICHAEL FLYNN	
Street Address		Street Address 34 WARREN AVE	
City	State	City MIDDLETOWN	State RI
Zip		Zip 02842	
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 MICHAEL FLYNN		Director Name VALARIE GELB	
Street Address 34 WARREN AVE		Street Address 94 SHORE DRIVE	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
Director Name TONY VIVEIROS		Director Name	
Street Address 110 INDIAN HILL DRIVE		Street Address	
City MIDDLETOWN	State RI	City	State
Zip 02842		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 841.			
<i>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>			
<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 MICHAEL FLYNN			Date 2/21/23
Signature of Officer/Authorized Representative <i>M.F.</i>			

FILED

FEB 24 2023

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BY R F EGM

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov