




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
 Non-Profit Corporation

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

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

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	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name			Treasurer Name MICHAEL FLYNN		
Street Address			Street Address 34 WARREN AVE		
City	State	Zip	City MIDDLETOWN	State RI	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	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name TONY VIVEIROS			Director Name		
Street Address 110 INDIAN HILL DRIVE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	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 MICHAEL FLYNN				Date 2/21/23	
Signature of Officer/Authorized Representative 				FILED	

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

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