



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2023

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No 70317		2. Exact name of the Corporation CITIZENS CONCERNED ABOUT GAMING GAMBLING INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Educate on public gambling & its effect on social & economic conditions (812990)			
5. Principal office address 20 School St.		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name		Vice President Name Frank Rey			
Street Address		Street Address 228 Spring St			
City	State	Zip	City	State	Zip
			Newport	RI	02840
Secretary Name		Treasurer Name Kiki McMahon			
Street Address		Street Address 20 School St			
City	State	Zip	City	State	Zip
			Newport	RI	02840
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name		Director Name Frank Rey			
Street Address		Street Address 228 Spring St			
City	State	Zip	City	State	Zip
			Newport	RI	02840
Director Name Ann Boyd		Director Name Kiki McMahon			
Street Address 27 Young St.		Street Address 20 School St			
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
8. REGISTERED AGENT IN RHODE ISLAND					
This report must be signed by the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

File Date BY 1203
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Kiki McMahon 3/12/23
Signature of Officer Date

KIKI MCMAHAN
Print or Type Name of Officer

RECEIVED
Title of Officer