

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

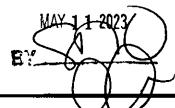
Non-Profit Corporation

Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED



						
1. Entity ID Number 000027057		2. Exact name of the Corporation				
	ļ	Jamestown Shores Association				
3. State of Incorporation	•	5. Brief description of the character of business conducted in Rhode Island				
RI	A volunteer association serving the comunity of the Jamestown Shores					
THAICS Code		area. A social group thar meets reularly to discuss neighborholisland issues				
6. Principal Office Address			City	State	Zip	
PO Box 46			Jamestown	RI	02835	
7. List ALL officers (names and add				the box to indicate a	ın attachment	
President Name Joseph Cannon Jr.			Vice-President Name Ann M. G	agnon		
Street Address 7 Bark St.			Street Address 10 Champin V			
^{City} Jamestown	State RI	^{Zip} 02835	^{City} Jamestown	State RI	^{Zip} 02835	
Secretary Name Jeanne Girard			Treasurer Name Timothy Yen	Treasurer Name Timothy Yentsch		
Street Address 7 Bark Ave.			Street Address 40 Gondola A			
^{City} Jamestown	State RI	^{Zip} 02835	^{City} Jamestown	State RI	^{Zip} 02835	
8. List ALL directors (names and ac	ddresses). RI Corp	porations MUST li		the box to indicate a	an attachment	
Director Name. Anita Girard			Director Name Annie McIntyr	Director Name Annie McIntyre		
Street Address 39 Seaside Dr.			Street Address 103 Umiak Av			
^{City} Jamestown	State RI	^{Zip} 02835	^{City} Jamestown	State RI	^{Zip} 02835	
Director Name Charlotte Zarlengo			Director Name Gary Girard			
Street Address 359 Seaside Dr.			Street Address 39 Seaside Dr	r.		
^{City} Jamestown	State RI	^{Zip} 02835	^{City} Jammestown	State RI	Zip 0283500	
9. The Registered Agent informatio	n of record with th	e RI Department	t of State is accurate. Changes requi	ire filing Form 64		
Under penalty of perjury, I declar statements, and that all statemen			ed this report, including any accord d correct.	mpanying sched	ules and	
This report must be signed by either the Pres	sident, Vice-President, (Secretary, Assistant Sc	ocretary, Treasurer, duly Authorized Represen	ntative, Receiver or Tru	istee.	
Name of Officer/Authorized Representative				Date		
Ann M. Gagnon				May 09, 2	2023	
Signature of Officer/Authorized Rep	resentative					
March n.	Ragun	~				

MAIL TO:

Division of Business Services

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

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