



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

MAY 11 2023

BY: [Signature]

1. Entity ID Number 000027057		2. Exact name of the Corporation Jamestown Shores Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A volunteer association serving the community of the Jamestown Shores area. A social group that meets regularly to discuss neighborhood and island issues	
4. NAICS Code 815410			
6. Principal Office Address PO Box 46		City Jamestown	State RI
		Zip 02835	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Joseph Cannon Jr.		Vice-President Name Ann M. Gagnon	
Street Address 7 Bark St.		Street Address 10 Champin Way	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
Secretary Name Jeanne Girard		Treasurer Name Timothy Yentsch	
Street Address 7 Bark Ave.		Street Address 40 Gondola Ave.	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Anita Girard		Director Name Annie McIntyre	
Street Address 39 Seaside Dr.		Street Address 103 Umiak Ave.	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 02835	
Director Name Charlotte Zarlengo		Director Name Gary Girard	
Street Address 359 Seaside Dr.		Street Address 39 Seaside Dr.	
City Jamestown	State RI	City Jamestown	State RI
Zip 02835		Zip 0283500	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <b>Ann M. Gagnon</b>			Date <b>May 09, 2023</b>
Signature of Officer/Authorized Representative [Signature]			

MAIL TO:  
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