



**State of Rhode Island  
Department of State - Business Services Division**

**Annual Report for the year:** end 5/31/2023  
**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  
JUN -1 2023  
BY 203  
ES

1. Entity ID Number <b>524207</b>		2. Exact name of the Corporation <b>TAXPAYERS' ASSOCIATION OF JAMESTOWN</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>21 BAY VIEW DRIVE</b>			City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARY LOU SANBORN</b>			Vice-President Name <b>ANN GAGNON</b>		
Street Address <b>21 BAY VIEW DRIVE</b>			Street Address <b>10 CHAMPLIN WAY</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
Secretary Name <b>LINDA J. JAMISON</b>			Treasurer Name <b>LINDA J. JAMISON</b>		
Street Address <b>7 OCEAN AVE</b>			Street Address <b>7 OCEAN AVE</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
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 <b>GARY GIRARD</b>			Director Name <b>DAVID H JAMISON</b>		
Street Address <b>39 SEASIDE DRIVE</b>			Street Address <b>97 SLOOP STREET</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>					
<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 <b>LINDA J JAMISON</b>					Date <b>5/26/2023</b>
Signature of Officer/Authorized Representative 					

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