Annual Report for the year: 2024
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.

1. Entity ID Number	2. Exact name of the Corporation
70317	CITIZENS COALITION AGAINST CASINO GAMBLING
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Educate on public gambling & its effect on social & economic conditions
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
20 SCHOOL STREET	NEWPORT	RI	02840

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name: FRANK RAY		
Street Address			Street Address: 228 SPRING ST.		
City	State	Zip	City: NEWPORT	State: RI	Zip: 02840
Secretary Name: Ann BOYER			Treasurer Name: KIKI McMAHAN		
Street Address: 27 YOUNG STREET			Street Address: 20 SCHOOL ST		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name			Director Name: FRANK RAY		
Street Address			Street Address: 228 SPRING ST.		
City	State	Zip	City: NEWPORT	State: RI	Zip: 02840
Director Name: Ann BOYER			Director Name: KIKI McMAHAN		
Street Address: 27 YOUNG St.			Street Address: 20 SCHOOL ST		
City: NEWPORT	State: RI	Zip: 02840	City: NEWPORT	State: RI	Zip: 02840

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: KIKI McMAHAN — Date: 3/15/24

Signature of Officer/Authorized Representative: Kiki McMahan

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

FILED
MAR 18 2024
BY

FORM 631 - Revised 12/2023