



State of Rhode Island
Department of State - Business Services Division

MAY 06 2024
9846 *Q*

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 153343		2 Exact name of the Corporation Dumplings' Association, Incorporated			
3 State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Neighborhood Association - Maintain Wharf and Beach Areas.			
4 NAICS Code 813990 - Other					
6. Principal Office Address 44 Fort Wetherill Road			City Jamestown	State RI	Zip 02835
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Hutchinson			Vice-President Name Jerry L. McIntyre		
Street Address 79 Hamilton Avenue			Street Address 57 Newport Street		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Sharon Rallis			Treasurer Name William Cushman		
Street Address 86 Blueberry Lane			Street Address 145 Fort Wetherill Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jerry L. McIntyre			Director Name William Cushman		
Street Address 57 Newport Street			Street Address 145 Fort Wetherill Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Jeannie McDonough			Director Name Mary Marshall		
Street Address 77 Blueberry Lane			Street Address 44 Fort Wetherill Road		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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.					
<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 Jerry L. McIntyre					Date May 2, 2024
Signature of Officer/Authorized Representative 					

MAIL TO:
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