

Annual Report for the year: 2025

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.

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BY

1. Entity ID Number <u>70317</u>		2. Exact name of the Corporation <u>CITIZENS CONCERNED ABOUT GAMBLING CASINO</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Education on public gambling &amp; its effect on social &amp; economic conditions</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>20 School St</u>		City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>FRANK RAY</u>		Vice President Name <u>KIRI McMAHAN</u>	
Street Address <u>228 Spring St</u>		Street Address <u>20 School St</u>	
City <u>NEWPORT</u>	State <u>RI</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
Secretary Name <u>Ann Boyer</u>		Treasurer Name <u>KIRI McMAHAN</u>	
Street Address <u>27 Young St</u>		Street Address <u>20 School St</u>	
City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Ann Boyer</u>		Director Name <u>FRANK RAY</u>	
Street Address <u>27 Young St</u>		Street Address <u>228 Spring St</u>	
City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
Director Name <u>KIRI McMAHAN</u>		Director Name <u>KIRI McMAHAN</u>	
Street Address <u>20 School St</u>		Street Address <u>20 School St</u>	
City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>	City <u>NEWPORT</u>	State <u>RI</u> Zip <u>02840</u>
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 <u>KIRI McMAHAN</u>		Date <u>3-18-25</u>	
Signature of Officer/Authorized Representative <u>KIRI McMAHAN</u>			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov