

FILED



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

MAY 28 2025
BY *[Signature]*
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: ~~2024~~-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.

1. Entity ID Number 524207		2. Exact name of the Corporation TAXPAYERS' ASSOCIATION OF JAMESTOWN			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island To promote effective and efficient town government.			
4. NAICS Code 813319					
6. Principal Office Address 21 BAY VIEW DRIVE			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 MARY LOU SANBORN			Vice-President Name ANN GAGNON		
Street Address 21 BAY VIEW DRIVE			Street Address 10 CHAMPLIN WAY		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Secretary Name LINDA J JAMISON			Treasurer Name LINDA J JAMISON		
Street Address 7 OCEAN AVE			Street Address 7 OCEAN AVE		
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 DAVID JAMISON			Director Name GRAHAM R JAMISON		
Street Address 97 SLOOP STREET			Street Address 7 OCEAN AVE		
City JAMESTOWN	State RI	Zip 02835	City JAMESTOWN	State RI	Zip 02835
Director Name GARY GIRARD			Director Name		
Street Address 39 SEASIDE DRIVE			Street Address		
City JAMESTOWN	State RI	Zip 02835	City	State	Zip
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 LINDA J JAMISON				Date 5/8/2025	
Signature of Officer/Authorized Representative <i>Linda J Jamison</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov