



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 144331		2. Name of Corporation NTRA INC			
3. Street Address Principal Business Office P.O. BOX 15272			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. TO UNIFY THE NEIGHBORHOODS IN SOCIAL ACTIVITIES, SUCH AS CHILDREN AND YOUTH ACTIVITIES. TO MAINTAIN PROPERTY COMMONLY REFERRED TO AS THE "JETTY", OWNED BY THE ASSOCIATION.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN ALLEN			Vice President Name KATHY GUGLIETTI		
Street Address 62 RIVERSIDE DRIVE			Street Address 47 CHANNING AVE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name KRIS DUARTE			Treasurer Name HEATHER VINE		
Street Address CLIFTON AVE			Street Address 200 RIVERSIDE DRIVE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 0	Class/Series	Par Value NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	FEB 24 2009
Check No.	By 589
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: Stephen R. Allen Date: 2-21-09
STEPHEN ALLEN
Print or Type Name
PRESIDENT
Title