



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

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

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

**Filing Period:** June 1 - June 30 • **Filing Fee:** \$20.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

|  |               |   |               |
|--|---------------|---|---------------|
| 1. Corporate ID No.<br>26332   |               | 2. Name of Corporation<br>NARRAGANSETT CALLERS ASSOCIATION                |               |
| 3. State of Incorporation<br>R.I.  |               | 4. Corporate address in Rhode Island - Street Address<br>56 KELLEY AVENUE |               |
|  |               | City<br>RUMFORD   | Zip<br>02916  |
| 5. Foreign corporation. Enter principal office address   |               | City  | State         |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>TEACHING OF SQUARE DANCING              |               |   |               |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |               |   |               |
| President Name<br>BOB BUTLER   |               | Vice President Name<br>BOB HAUPT  |               |
| Street Address<br>517 FRANCIS AVENUE   |               | Street Address<br>74 MAPLE AVENUE   |               |
| City<br>MANSFIELD  | State<br>MA   | City<br>MIDDLETOWN  | State<br>R.I. |
| Zip<br>02408   |               | Zip<br>02842  |               |
| Secretary Name<br>JOE FRISSELLA  |               | Treasurer Name<br>ART ANTHONY   |               |
| Street Address<br>23 ARNOLD STREET   |               | Street Address<br>56 KELLEY AVENUE  |               |
| City<br>WAKEFIELD  | State<br>R.I. | City<br>RUMFORD   | State<br>R.I. |
| Zip<br>02879   |               | Zip<br>02916  |               |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |               |   |               |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23                           |               |   |               |
| Director Name<br>LORI MORIN  |               | Director Name<br>BARNEY MALLON  |               |
| Street Address<br>P.O. Box 9, 71 SAND DAM ROAD   |               | Street Address<br>55 BURNSIDE AVENUE                                      |               |
| City<br>CHEPACHET  | State<br>R.I. | City<br>SEEKONK   | State<br>MA   |
| Zip<br>02814   |               | Zip<br>02771  |               |
| Director Name<br>PAUL LETOURNEAU   |               | Director Name   |               |
| Street Address<br>93 WARD STREET   |               | Street Address  |               |
| City<br>ACUSHNET   | State<br>MA   | City  | State         |
| Zip<br>02743   |               | Zip   |               |
| 9. REGISTERED AGENT IN RHODE ISLAND  |               |   |               |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 |               |   |               |

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

|                                 |            |
|---------------------------------|------------|
| File Date                       | 6-2-09     |
| Check No.                       | 1621       |
| By:                             | <i>mnc</i> |
| 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.

*Arthur Anthony* 6-1-09  
Signature of Officer Date  
ARTHUR ANTHONY  
Print or Type Name of Officer  
TREASURER  
Title of Officer