RI SOS Filing Number: 201179137490 Date: 05/19/2011 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.	2. Name of Corporation		
61657	NAPATREE SHORES TENNIS ASSOCIATION		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	45 SUNSET DRIVE	CHARLESTOWN	02813
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

MAINTAIN A JOINTLY OWNED NEIGHBORHOOD TENNIS COURT AND PARKING LOT

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ROBER D FROST			WILLIAM A MUGGIA		
Street Address			Street Address		
319 WEST BEACH ROAD			300 WEST BEACH ROAD		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813
Secretary Name			Treasurer Name		
LIAS M McCONNEL			THOMAS G FROST		
Street Address			Street Address		
359 WEST BEACH ROAD			45 SUNSET DRIVE		
City	State	Zip	City	State	Zip
CHARLESTWON	RI	02813	CHARLESTOWN	RI	02813

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **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			Director Name		
HENRY HAUSMAN			MICHAEL NEAL		
Street Address			Street Address		
411 WEST BEACH ROAD			335 WEST BEACH ROAD		
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813	CHARLESTOWN	RI	02813
Director Name			Director Name		
THOMAS G FROST					
Street Address			Street Address		
45 SUNSET DRIVE					
City	State	Zip	City	State	Zip
CHARLESTOWN	RI	02813			

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

[redacted] [redacted]

FILED

File Date MAY 19 2011

Check No. By mmc

By: 319

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.

Thomas G. Frost 5/17/2011

Signature of Officer *Date*

THOMAS G FROST
Print or Type Name of Officer

[redacted] TREASURER
Title of Officer

Form 631 Rev. 09/17

63170-5-616233