



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>72434</b>		2. Exact name of the Corporation <b>NEA / NARRAGANSETT</b>			
3. State of Incorporation <b>RI</b>		4. Corporate Address in RI - Street Address <b>235 SOUTH PIER RD.</b>		City <b>NARRAGANSETT</b>	Zip <b>02882</b>
5. Foreign corporation. Enter principal office address				City	State Zip
6. Brief description of the character of business conducted in Rhode Island <b>TEACHERS UNION - SUNSHINE, etc.</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name <b>KEVIN SHERHAN</b>			Vice-President Name <b>DEBRA SULLIVAN</b>		
Street Address <b>17 SHERWOOD DRIVE</b>			Street Address <b>253 GREENWOOD DR.</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>PEACE DALE</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>SUSAN CRAVEN</b>			Treasurer Name <b>STEVEN PINCH</b>		
Street Address <b>25 HIGHLAND RD</b>			Street Address <b>445 ALLEN AVE.</b>		
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>KEVIN SHERHAN</b>			Director Name <b>DEBRA SULLIVAN</b>		
Street Address <b>17 SHERWOOD DR</b>			Street Address <b>253 GREENWOOD DR</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>PEACE DALE</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>SUSAN CRAVEN</b>			Director Name <b>STEVEN PINCH</b>		
Street Address <b>25 HIGHLAND RD.</b>			Street Address <b>445 ALLEN AVE</b>		
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
<b>9. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

**FILED**

File Date **FEB 22 2012**  
Check No  
By: **22915**  
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 of Officer

Date

**STEVEN PINCH**

Print or Type Name of Officer

**TREASURER**

Title of Officer