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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 26550	2. Exact name of the Corporation THE NARROW RIVER PRESERVATION ASSOCIATION, INC.
3. State of Incorporation RI	4. Brief description of the character of business conducted in Rhode Island NON-PROFIT CITIZEN'S ENVIRONMENTAL GROUP

5. Principal office address	City	State	Zip
PO BOX 8	SAUNDERSTOWN	RI	02874

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
RICHARD B. GRANT	30 LOWER COLLEGE ROAD	KINGSTON	RI	02881

Vice-President Name	Street Address	City	State	Zip
JON BOOTHROYD	746 MIDDLEBRIDGE ROAD	Wakefield	RI	02879

Secretary Name	Street Address	City	State	Zip
MARY JANE KANACZET	141 RIVERDELL DRIVE	NARRAGANSETT	RI	02882

Treasurer Name	Street Address	City	State	Zip
KENNETH MCSHANE	85 Columbia Street	Wakefield	RI	02879

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒

Director Name	Street Address	City	State	Zip
ANNETTE DESILVA	56 SOUTH RIVER DRIVE	Narragansett	RI	02882
VERONICA BEROUNSKY	12 LAKESIDE DRIVE	Narragansett	RI	02882
CHARLES BIDDLE	3756 TOWER HILL ROAD	Wakefield	RI	02879
JASON CONSIDINE	26 LACEY LANE	SAUNDERSTOWN	RI	02874

8. REGISTERED AGENT IN RHODE ISLAND

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

JUN 06 2012

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File Date _____

Check No _____

By: _____

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: 6/4/12

KENNETH MCSHANE
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 05/2012

79004-34-741710

Directors 2012

John McNamara

35 Tanglewood Trail

Narragansett,RI 02882

Sally Sutherland

200 Riverdell Drive

Saunderstown, RI 02874

Lynn Wolslegel

710 Gilbert Stuart Road

Saunderstown, RI 02874

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