



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 PO Box 8			City SAUNDERSTOWN	State RI	Zip 02874
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RICHARD B. GRANT			Vice-President Name JON BOOTHROYD		
Street Address 30 LOWER COLLEGE ROAD			Street Address 746 MIDDLEBRIDGE ROAD		
City KINGSTON	State RI	Zip 02881	City Wakefield	State RI	Zip 02879
Secretary Name MARY JANE KANACZET			Treasurer Name KENNETH McSHANE		
Street Address 141 RIVERDELL DRIVE			Street Address 85 COLUMBIA STREET		
City NARRAGANSETT	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name ANNETTE DESILVA			Director Name VERONICA BEROUNSKY		
Street Address 56 SOUTH RIVER DRIVE			Street Address 12 LAKESIDE DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name CHARLES BIDDLE			Director Name JASON CONSIDINE		
Street Address 3756 TOWER HILL ROAD			Street Address 26 LACEY LANE		
City Wakefield	State RI	Zip 02879	City SAUNDERSTOWN	State RI	Zip 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

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.

1835

Kenneth McShane 6/4/12
 Signature of Officer Date

KENNETH McSHANE
 Print or Type Name of Officer

TREASURER
 Title of Officer

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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