



**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. <b>61657</b>		2. Exact name of the Corporation <b>NAPATREE SHORES TENNIS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>MAINTAIN A JOINTLY OWNED NEIGHBORHOOD TENNIS COURT &amp; PARKING LOT</b>			
5. Principal office address <b>45 SUNSET DRIVE</b>			City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>ROBERT D FROST</b>			Vice-President Name <b>WILLIAM MUGGIA</b>		
Street Address <b>319 WEST BEACH ROAD</b>			Street Address <b>300 WEST BEACH ROAD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
Secretary Name <b>LISA McCONNEL</b>			Treasurer Name <b>THOMAS G FROST</b>		
Street Address <b>359 WEST BEACH ROAD</b>			Street Address <b>45 SUNSET DRIVE</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>HENRY HAUSMAN</b>			Director Name <b>MICHAEL NEAL</b>		
Street Address <b>411 WEST BEACH ROAD</b>			Street Address <b>355 WEST BEACH ROAD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name <b>THOMAS G FROST</b>			Director Name		
Street Address <b>45 SUNSET DRIVE</b>			Street Address		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City	State	Zip
<b>8. 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 JUN 07 2012

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.

*Thomas G Frost* 6/6/2012  
 Signature of Officer Date

**THOMAS G FROST**

Print or Type Name of Officer

**TREASURER**

Title of Officer