



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 2013

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. 61657		2. Exact name of the Corporation NAPATREE SHORES TENNIS ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island MAINTAIN A JOINTLY OWNED NEIGHBORHOOD TENNIS COURT & PARKING LOT			
5. Principal office address 45 SUNSET DRIVE			City CHARLESTOWN	State RI	Zip 02813
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT D FROST			Vice-President Name VACANT		
Street Address 319 W BEACH RD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name LISA McCONNEL			Treasurer Name THOMAS G FROST		
Street Address 359 W BEACH RD			Street Address 45 SUNSET DR		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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"/>					
Director Name HENRY H HAUSMAN			Director Name ROBERT D FROST		
Street Address 411 W BEACH RD			Street Address 319 W BEACH RD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name LISA McCONNEL			Director Name THOMAS G FROST		
Street Address 359 W BEACH RD			Street Address 45 SUNSET DR		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY BY _____

FILED

JUN 10 2013

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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 **6/7/2013**

THOMAS G FROST
 Print or Type Name of Officer

DIRECTOR & TREASURER

Title of Officer