



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. 148495		2. Exact name of the Corporation Narragansett Public Education Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To improve, promote, sponsor and enhance the quality of the educational experience for public school students and their school committee in Narragansett.			
5. Principal office address 25 Fifth Avenue		City Narragansett	State RI	Zip 02882	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Philip Capaldi			Vice-President Name Christopher Catanzaro		
Street Address 15 Baneberry Trail			Street Address 79 Secluded Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Raymond Ranaldi			Treasurer Name Christopher Catanzaro		
Street Address 46 Conanicus Road			Street Address 79 Secluded Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Lyn Budaj			Director Name Philip Capaldi		
Street Address 84 Palm Beach Avenue			Street Address 15 Baneberry Trail		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Christopher Catanzaro			Director Name		
Street Address 79 Secluded Drive			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
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

FILED

JUN 20 2013

BY 236060

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

Print or Type Name of Officer

Title of Officer

5-13-13

[Signature]
CT CATANZARO
VICE PRESIDENT