



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.

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|---|--------------------|--|----------------------------|--------------------|---------------------|
| 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 RICHARD MULCAHY | | Vice-President Name LISA McCONNELL | | | |
| Street Address 419 W BEACH RD | | Street Address 359 W BEACH RD | | | |
| City CHARLESTOWN | State RI | Zip 02813 | City CHARLESTOWN | State RI | Zip 02813 |
| Secretary Name DENISE MULCAHY | | Treasurer Name THOMAS FROST | | | |
| Street Address 419 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 ROBERT FROST | | Director Name THOMAS FROST | | | |
| Street Address 319 W BEACH RD | | Street Address 45 SUNSET DR | | | |
| City CHARLESTOWN | State RI | Zip 02813 | City CHARLESTOWN | State RI | Zip 02813 |
| Director Name HENRY HAUSMAN | | Director Name LISA McCONNELL | | | |
| Street Address 411 W BEACH RD | | Street Address 359 W BEACH RD | | | |
| 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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

APR 30 2014

BY

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 or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative