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.**

1. Entity ID No.	2. Exact name of the Corporation
26428	**NARRAGANSETT HEIGHTS COMMUNITY ASSOCIATION**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**To promote activities for the betterment and general welfare of the community and the improvement of Narragansett Heights.**

5. Principal office address	City	State	Zip
69 Aaron Ave.	**Bristol**	**RI**	**02809**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Paul A. Sylvia	**69 Aaron Ave.**	**Bristol**	**RI**	**02809**

Vice-President Name	Street Address	City	State	Zip
Silvia Waghelstein	**15 Sandra Dr.**	**Bristol**	**RI**	**02809**

Secretary Name	Street Address	City	State	Zip
Natalie Urban	**59 Aaron Ave.**	**Bristol**	**RI**	**02809**

Treasurer Name	Street Address	City	State	Zip
Linda A. Sylvia	**69 Aaron Ave.**	**Bristol**	**RI**	**02809**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Paul A. Sylvia	**69 Aaron Ave.**	**Bristol**	**RI**	**02809**

Director Name	Street Address	City	State	Zip
Susan Rabideau	**17 Sandra Dr.**	**Bristol**	**RI**	**02809**

Director Name	Street Address	City	State	Zip
Aaron P. Sylvia	**69 Aaron Ave.**	**Bristol**	**RI**	**02809**

Director Name	Street Address	City	State	Zip
Natalie Urban	**59 Aaron Ave.**	**Bristol**	**RI**	**02809**

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
JUN 18 2014
BY 60924

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: 6/17/14

Paul A. Sylvia
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014