



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. 26396		2. Exact name of the Corporation The Narragansett Foundation, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Receive and distribute funds for scientific, educational and charitable purposes			
5. Principal office address 99 Colorado Avenue			City Warwick	State RI	Zip 02888
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Andrew P. Sigal			Vice-President Name Jamie S. Manville		
Street Address 14 Fourteenth Avenue			Street Address 25 Alton Road		
City Warwick	State RI	Zip 02886	City Providence	State RI	Zip 02906
Secretary Name Susan S. Bazar			Treasurer Name Pamela J. Vierling		
Street Address 43 Cindyann Drive			Street Address 650 Victory Highway		
City East Greenwich	State RI	Zip 0281	City West Greenwich	State RI	Zip 02817
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 Andrew P. Sigal			Director Name Jamie S. Manville		
Street Address 14 Fourteenth Avenue			Street Address 25 Alton Road		
City Warwick	State RI	Zip 02886	City Providence	State RI	Zip 02906
Director Name Susan S. Bazar			Director Name		
Street Address 43 Cindyann Drive			Street Address		
City East Greenwich	State RI	Zip 02818	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.					

2014 JUL 29 PM 1:44
 SECRETARY OF STATE
 CORPORATIONS DIV

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
 JUL 29 2014
 26396
 A.A. 1:49pm

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.

Jamie S. Manville
 Signature of Officer or Authorized Representative
 Date 7/30/14
Jamie S. Manville
 Vice President
 Print or Type Name of Officer or Authorized Representative