



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000072434

**2. Name of Corporation** NEA/Narragansett

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 235 SOUTH PIER ROAD

City or Town: NARRAGANSETT

State: RI Zip: 02882 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO DEVELOP AND IMPROVE WORKING CONDITIONS FOR NEA/NARRAGANSETT  
EDUCATION PERSONNEL.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN CRAVEN	25 HIGHLAND DRIVE SAUNDERSTOWN, RI 02874 USA
TREASURER	STEVEN PINCH	445 ALLEN AVENUE WAKEFIELD, RI 02879 USA

VICE PRESIDENT	JOANNE MORRISSEY	4 SECULDED DR WAKEFIELD, RI 02879 USA
DIRECTOR	CHRIS HERZ	22 HILLSDALE ROAD RICHMOND, RI 02836 USA
DIRECTOR	KRYSTAL CAGNON	35 ASH STREET WAKEFIELD, RI 02879 USA
DIRECTOR	MARY ANN COOK	468 SHANNOCK ROAD WAKEFIELD, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LESLIE DAVIS C/O SANDRA LUNDIN 235 SOUTH PIER ROAD NARRAGANSETT , RI 02882

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 9 Day of January, 2017 at 2:02:47 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By STEVEN M. PINCH  
Signature of Authorized Person

Form No. 631  
Revised 09/07