



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:** 2017

**1. Corporate ID No.** 000756112

**2. Name of Corporation** Narragansett Terrace Realty Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

**4. Corporate Address in Rhode Island**

No. and Street: NARRAGANSETT TERRACE REALTY  
ASSOCIATION  
P O BOX 15272

City or Town: RIVERSIDE

State: RI Zip: 02915Country: 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 UNIFY THE NEIGHBORHOOD IN SOCIAL ACTIVITIES, SUCH AS CHILDREN AND YOUTH ACTIVITIES. TO MAINTAIN PROPERTY COMMONLY REFERRED TO AS THE JETTY OWNED BY THE ASSOCIATION.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BETHANY EDDY	MYRA AVE RIVERSIDE, RI 02916 USA
VIICE PRESIDENT	MARYBETH DALTON	RIVERSIDE DR RIVERSIDE, RI 02915 USA
SECRETARY	LINDA COOK	TERRACE AVE RIVERSIDE, RI 02915 USA
TREASURER	HEATHER VINE	RIVERSIDE DR RIVERSIDE, RI 02915 USA
DIRECTOR	DIANE EDDY	BULLOCKS POINT AVE RIVERSIDE, RI 02915 USA
DIRECTOR	KAREN DELPONTE	RIVERSIDE DR RIVERSIDE, RI 02915 USA
DIRECTOR	AMY TOPPER	BULLOCKS POINT AVE RIVERSIDE, RI 02915 USA
DIRECTOR	NANCT CLANCY	TERRACE AVE RIVERSIDE, RI 02915 USA
DIRECTOR	JOHN RYAN	EDNA AVE RIVERSIDE, RI 02915 USA
DIRECTOR	DONNA AINSWORTH	BULLOCKS POINT AVE RIVERSIDE, RI 02915 USA
DIRECTORR	PAM WATSON	BULLOCKS POINT AVE RIVERSIDE, RI 02915 USA
DIRECTOR	SUE PATTERSON	BULLOCKS POINT AVE RIVERSIDE, RI 02915 USA
DIRECTOR	JEAN DELPONTE	RIVERSIDE DR RIVERSIDE, RI 02915 USA
DIRECTOR	SUE LEVITT	RIVERSIDE DRIVE RIVERSIDE, RI 02915 USA
DIRECTOR	ANNA VAN LYNDEN	RIVERSIDE DR RIVERSIDE, RI 02915 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**

ROBIN M. WINSLOW 209 TERRACE AVENUE RIVERSIDE , RI 02915

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

**Signed this 30 Day of June, 2017 at 8:15:52 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 HEATHER A VINE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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