



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUN 11 2018

BY 42300

Annual Report for the year: 2018
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

| | | | | | |
|--|-----------------|--|--|--------------------|---------------------------|
| 1. Entity ID Number 61657 | | 2. Exact name of the Corporation NAPATREE SHORES TENNIS ASSOCIATION | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island MAINTAIN A JOINTLY OWNED TENNIS COURT AND PARKING AREA | | | |
| 4. NAICS Code 813990 - Other Similar Organiz: | | | | | |
| 6. Principal Office Address 45 SUNSET DR | | | City CHARLESTOWN | State RI | Zip 02813 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name MARIO FRANCALANGIA | | | Vice-President Name LISA McCONNEL | | |
| Street Address 395 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 14 ASHAWAY COLONY LANE | | | Street Address 45 SUNSET DR | | |
| City CHARLESTOWN | State RI | Zip 02813 | City CHARLESTOWN | State RI | Zip 02813 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an 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 |
| 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641. | | | | | |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative THOMAS FROST - TREAS & DIRECTOR | | | | | Date 06/06/2018 |
| Signature of Officer/Authorized Representative <i>Thomas Frost</i> Treas & Director | | | | | |

MAIL TO:
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