



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

**FILED**

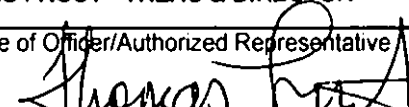
JUN 11 2018

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 <b>61657</b>		2. Exact name of the Corporation <b>NAPATREE SHORES TENNIS ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>MAINTAIN A JOINTLY OWNED TENNIS COURT AND PARKING AREA</b>			
4. NAICS Code <b>813990 - Other Similar Organiz:</b>					
6. Principal Office Address <b>45 SUNSET DR</b>			City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIO FRANCALANGIA</b>			Vice-President Name <b>LISA McCONNEL</b>		
Street Address <b>395 W BEACH RD</b>			Street Address <b>359 W BEACH RD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
Secretary Name <b>DENISE MULCAHY</b>			Treasurer Name <b>THOMAS FROST</b>		
Street Address <b>14 ASHAWAY COLONY LANE</b>			Street Address <b>45 SUNSET DR</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROBERT FROST</b>			Director Name <b>THOMAS FROST</b>		
Street Address <b>319 W BEACH RD</b>			Street Address <b>45 SUNSET DR</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name <b>HENRY HAUSMAN</b>			Director Name <b>LISA McCONNELL</b>		
Street Address <b>411 W BEACH RD</b>			Street Address <b>359 W BEACH RD</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>THOMAS FROST - TREAS &amp; DIRECTOR</b>					Date <b>06/06/2018</b>
Signature of Officer/Authorized Representative 					<b>Treas &amp; Director</b>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov