



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

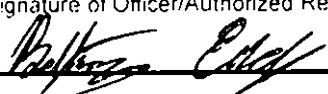
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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: **2018**

2018 JUN 29 PM 3:49

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 000756112		2. Exact name of the Corporation NARRAGANSETT TERRACE REALTY ASSOCIATON			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Neighborhood Association for the Narragansett Terrace Community			
4. NAICS Code 813990 - Other Similar Organiz					
6. Principal Office Address PO BOX 15272		City RIVERSIDE		State RI	Zip 02915
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: ☐					
President Name BETHANY EDDY		Vice-President Name MARYBETH DALTON			
Street Address 4 MYRA AVENUE		Street Address 67 RIVERSIDE DRIVE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name DIANE EDDY		Treasurer Name KAREN G. DELPONTE			
Street Address 860 BULLOCKS POINT AVENUE		Street Address 206 RIVERSIDE DRIVE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: ☒					
Director Name NANCY CLANCY		Director Name JOHN RYAN			
Street Address 144 TERRACE AVENUE		Street Address 14 EDNA AVENUE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Director Name JEAN DELPONTE		Director Name AMY TOPPER			
Street Address 6 RIVERSIDE DRIVE		Street Address 945 BULLOCKS POINT AVENUE			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative BETHANY EDDY					Date 6/25/18
Signature of Officer/Authorized Representative 					FILED

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

JUN 29 2018
BY **333994**
A.A.

DIRECTORS CONTINUED:

BETHANY EDDY

4 MYRA AVENUE, RIVERSIDE, RI 02915

MARYBETH DALTON

67 RIVERSIDE DRIVE, RIVERSIDE, RI 02915

DIANE EDDY

860 BULLOCKS POINT AVENUE, RIVERSIDE, RI 02915

KAREN G. DELPONTE

206 RIVERSIDE DRIVE, RIVERSIDE, RI 02915

SUE LEAVITT

147 RIVERSIDE DRIVE, RIVERSIDE RI 02915

CARL HELMETAG

339 SEA VIEW AVENUE, RIVERSIDE RI 02915

JANE WILSON

984 BULLOCKS POINT AVENUE, RIVERSIDE RI 02915

SKIP BURNS

45 SEA VIEW AVENUE, RIVERSIDE RI 02915

KATHY ASHTON

330 SEA VIEW AVENUE. RIVERSIDE RI 02915

JUDY NUDELMAN

1 SEA VIEW AVENUE, RIVERSIDE RI 02915

BOB MALCOME

1058 BULLOCKS POINT AVENUE, RIVERSIDE, RI 02915