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

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CORPORATIONS DIV

2018 JUN 29 PM 3:49

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	2. Exact name of the Corporation
000756112	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 Organizi	

6. Principal Office Address	City	State	Zip
PO BOX 15272	RIVERSIDE	RI	02915

7 List ALL officers (names and addresses) — 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	Date
BETHANY EDDY	6/25/18

Signature of Officer/Authorized Representative: Bethany Eddy

FILED
JUN 29 2018
BY 333994
A.A.

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

FORM 631 - Revised 11/2017

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