



**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: 2019

1. Corporate ID No. 000703086

2. Name of Corporation Narragansett Storm, Inc.

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

813319

4. Corporate Address in Rhode Island

No. and Street: 811 BOSTON NECK RD

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: 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 ESTABLISH A COOPERATIVE HIGH SCHOOL GIRLS HOCKEY TEAM IN THE TOWNS OF NARRAGANSETT, RI, SOUTH KINGSTOWN, RI AND NORTH KINGSTOWN, RI TO PLAY HOCKEY IN THE RI INTERSCHOLASTIC LEAGUE HIGH SCHOOL GIRLS HOCKEY LEAGUE AND TO PROVIDE EDUCATIONAL AND ATHLETIC OPPORTUNITY FOR HIGH SCHOOL GIRLS IN EACH OF THE THREE COOPERATING COMMUNITIES

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	SHARON MCGREEN	811 BOSTON NECK RD NARRAGANSETT, RI 02882 USA
TREASURER	SHARON MCGREEN	811 BOSTON NECK RD NARRAGANSETT, RI 02882 USA
SECRETARY	KEITH B KYLE	65 INEZ ST NARRAGANSETT, RI 02882 USA
VICE PRESIDENT	JOHN MCGREEN	811 BOSTON NECK RD NARRAGANSETT, RI 02840 USA
DIRECTOR	SHARON MCGREEN	811 BOSTON NECK ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	JOHN MCGREEN	811 BOSTON NECK ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	KEITH B. KYLE	65 INEZ STREET NARRAGANSETT, RI 02882 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

KEITH B. KYLE, ESQ. 195 BROADWAY 2ND FLOOR NEWPORT , RI 02840

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

Signed this 8 Day of July, 2019 at 4:42:36 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 KEITH B. KYLE
Signature of Authorized Person

Form No. 631
Revised 09/07