



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

Annual Report for the year: **2019**
 Non-Profit Corporation _____

FILED

JUL 11 2019

BY 1107 DS

- 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 001052371 | | 2. Exact name of the Corporation Narragansett 2100, Inc. | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Assist with improved communication and problem-solving between landlords, tenants, the neighboring public and the town of Narragansett. | | | |
| 4. NAICS Code 813319 | | | | | |
| 6. Principal Office Address P.O. Box 575 | | | City Wakefield | State RI | Zip 02880 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Albert Ranaldi, Jr. | | | Vice-President Name Lisa Mastors | | |
| Street Address 93 Tupelo Trail | | | Street Address 20 Wright Rd. | | |
| City Narragansett | State RI | Zip 02882 | City Hollis | State NH | Zip 03049 |
| Secretary Name Chris Kuhn | | | Treasurer Name George Nonis | | |
| Street Address 246 Opening Hill Road | | | Street Address 60 Exeter Blvd. | | |
| City Madison | State CT | Zip 06443 | City Narragansett | State RI | Zip 02882 |
| 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 Joe Robenhymer | | | Director Name Amy Potter | | |
| Street Address 46 Cononchet Way | | | Street Address 132 Marine Drive | | |
| City Narragansett | State RI | Zip 02882 | City Narragansett | State RI | Zip 02882 |
| Director Name Marc MMoreau | | | Director Name Joe Lembo | | |
| Street Address 156 Davis Ave. | | | Street Address 16 Macera Farm Road | | |
| City Cranston | State RI | Zip 02910 | City Johnston | State RI | Zip 02919 |
| 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 Chris Kuhn | | | | Date 7/6/19 | |
| Signature of Officer/Authorized Representative _____ | | | | | |

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