



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
*Office of the Secretary of State*

**Matthew A. Brown**  
*Secretary of State*

July 15, 2004

"Narragansett Chamber Of Commerce"  
36 OCEAN ROAD  
NARRAGANSETT, RI 02882

RE: Corporation ID # 26338  
"Narragansett Chamber Of Commerce"

Dear Sir or Madam:

Your corporation has failed to maintain a Registered Office in this state as evidenced by undeliverable and returned correspondence which was sent to the Registered Agent, CHARLES TED WRIGHT at the Registered Office, 36 OCEAN ROAD, NARRAGANSETT , RI 02882.

Pursuant to the provisions set forth in Sections 7-6-56 and 7-6-85 of the General Laws of the State of Rhode Island, the Certificate of Incorporation/Authority of the above named entity will be revoked after 60 days from the date of this notice for failure to maintain a registered office within this state.

Please file a Change of Registered Office form with the Corporations Division within the next sixty days so that your authority to conduct business will remain intact. If you have any questions, or if we can be of any assistance, please do not hesitate to call the Corporations Division at (401) 222-3040.

Sincerely,

Matthew Brown  
Secretary of State

RECEIVED  
CORPORATIONS DIVISION  
JUL 23 10 26 AM '04



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
*Office of the Secretary of State / Corporations Division*

**Matthew A. Brown**  
*Secretary of State*

July 15, 2004

Dear Sir or Madam:

Enclosed please find the annual report for the year 2004 that was returned undeliverable to this office. The annual report was sent to your Registered Agent at the Registered Office for the corporation. Kindly file this report, along with the \$20.00 fee.

Also, included is the Change of Agent/Change of Registered Office form that must be filed in order to satisfy the requirements of the enclosed Revocation Notice. If the Registered Agent has changed, complete the front portion of the form and mail it to this office along with the \$10.00 filing fee. If the Registered Agent has remained the same and only the Registered Office has changed, complete the back portion of the form. There is no filing fee for a change of address of the registered office only.

Thank you for your prompt attention to this matter.

Very truly yours,

**CORPORATIONS DIVISION**  
Secretary of State's Office

*Corporations Division*

*Phone: 401-222-3040  
Fax: 401-222-1300*

*corporations@state.rhodes*

*Agents & Trademarks*

*Phone: 401-222-4187  
Fax: 401-222-4879*

*agents@ssa.state.rhodes  
trademarks@ssa.state.rhodes*

*CC:*

*Phone: 401-222-3040  
Fax: 401-222-4879*

*office@ssa.state.rhodes*

*100 North Main Street  
Providence, RI 02903*

*Office of the  
Secretary of State*

*State House Room 217  
Providence, RI 02903*

*Phone: 401-222-2357  
Fax: 401-222-1336  
TTY: 711*

*ssa@state.rhodes*



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 26338		2. Name of Corporation "Narragansett Chamber Of Commerce"			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address		City	Zip
5. Foreign corporation. Last principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island ADVANCING THE COMMERCIAL, RECREATIONAL, CIVIC AND GENERAL INTERESTS OF THE TOWN OF NARRAGANSETT.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name CHARLES TED WRIGHT			Address		
Address 36 OCEAN ROAD			City NARRAGANSETT	State	Zip 02882

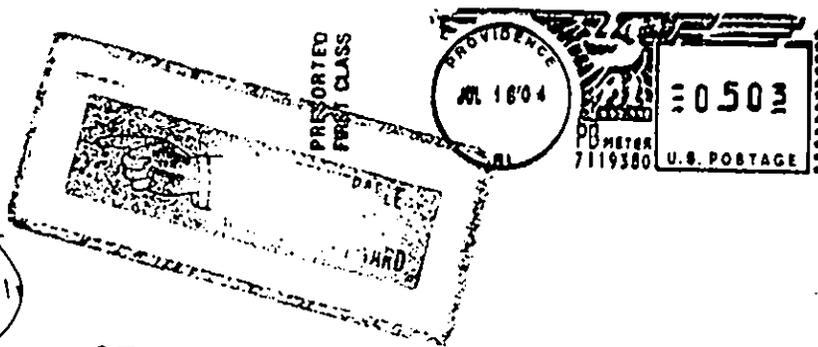
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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.

STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown  
Secretary of State

Handwritten initials: MB (CB)



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