



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**

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.

FILED

MAY 28 2020

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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 George Nonis			Vice-President Name Lisa Mastors		
Street Address 60 Exeter Blvd			Street Address 20 Wright Road		
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 48 Cononchet Way			Street Address 132 Marine Drive		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Joe Lembo			Director Name Marc Morceau		
Street Address 16 Macera Farm Road			Street Address 156 Davis Ave		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02910
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 5/23/20	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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