



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

FILED

Annual Report for the year: **2021**

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.

MAY 18 2021
 BY

1. Entity ID Number 61657		2. Exact name of the Corporation NAPATREE SHORES TENNIS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MAINTAIN A JOINTLY OWNED TENNIS COURT & PARKING LOT			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 45 SUNSET DRIVE			City CHARLESTOWN	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARIO FRANCALANGIA			Vice-President Name LISA McCONNELL		
Street Address 395 W BEACH RD			Street Address 359 W BEACH RD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI 0281	Zip
Secretary Name KATHLEEN FRANCALANGIA			Treasurer Name THOMAS FROST		
Street Address 395 W BEACH RD			Street Address 45 SUNSET DR		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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 ROBERT FROST			Director Name THOMAS FROST		
Street Address 319 W BEACH RD			Street Address 45 SUNSET DR		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name CHRISTINE MEROLA			Director Name LISA McCONNELL		
Street Address 349 W BEACH RD			Street Address 359 W BEACH RD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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 THOMAS FROST - TREAS - DIRECTOR				Date 5/12/2021	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.n.gov