

Nellie M. Gorbea, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2021 Filing Period: June 1 - June 30 • Filing Fee: \$20.00° THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. 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.

1 Corporate ID No. 000703086	2. Name of Corporation Narragansett Storm, Inc.				
3. State of Incorporation Rhode Island	4. Corporate address 811 Boston	ss in Rhode Island – Street Add Neck Road	City Narragansett	<sup>Zip</sup> 02882	
5. Foreign corporation, Ente	r principal office addres.	f	Cuy	State Zip	
6. Brief Description of the chi Cooperative High Sc			Rhode Island # 813319	<u> </u>	
7. NAMES AND ADDRE President Name Sharon McGreen	ESSES OF THE OFF	ICERS: ("X" BOX FOR	ATTACHMENT)   FILL   Vice President Name John McGreen	INSPACES BEFORE USIN	G ATTACHMENTS
Street Address 811 Boston Neck Ro	pad		Street Address 811 Boston Neck Road City State		
City Narragansett	State RI	02882	City Narragansett		7 <i>ip</i> 02882
Secretary Name Keith B. Kyle		<del>-</del>	Treasurer Name Sharon McGreen		· · · · · · · · · · · · · · · · · · ·
Street Address 811 Boston Neck Ro			Street Address 811 Boston Neck	Road	
City Narragansett	State RI	21p 02882	City Narragansett	State RI	7 <i>ip</i> 02882
			TTACHMENT)   FILL IN S CORPORATION SHALL NO		
Director Name Sharon McGreen	ector Name		Director Name John McGreen		
Street Address	pad		Street Address 811 Boston Neck	Road	
811 Boston Neck Ro			1	[ C	Zip
City Narragansett	State RI	7/p 02882	Narragansett	State RI	02882
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City Narragansett  Director Name	RI		Narragansett		1 -
City Narragansett  Director Name Keith B. Kyle  Street Address	RI		Narragansett  Director Name		1 -
City Narragansett Director Name Keith B. Kyle Street Address 811 Boston Neck Re City	RI oad State RI	02882 2 <i>ip</i> 02882	Narragansett  Director Name  Street Address	RI	02882

	MAY 26 2021		
	BY 353	Under penalty of perjury, I declare and affin report, including any accompanying schedules statements contained force in are true and corre	and statements, and that all
File Date		Signalyte of Hifficer	5.18.2021 Date
Check No.		Sharon McGreen	
Ву:		Print or Type Name of Officer  President	
FOR SECRETARY OF STATE USE ONLY		Title of Officer	<del></del>