



State of Rhode Island
Department of State - Business Services Division

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

JUN 09 2021

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1. Entity ID Number 000026345		2. Exact name of the Corporation Narragansett-Cooke-Gaspee Chapter, NSDAR	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Education, Patriotism, Scholarship, Conservation, American History	
4. NAICS Code 813319 - Other Social Advocacy			
6. Principal Office Address 20 Clipper Circle		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Ann Hazelwood		Vice-President Name Sandra Berman	
Street Address 836 Saugatucket Road		Street Address 2 Texas Road	
City Wakefield	State RI	City Westford	State MA
Zip 02879		Zip 01886	
Secretary Name Suzanne Marchetti		Treasurer Name Melinda Ragosta	
Street Address 221 Red House Road		Street Address 20 Clipper Circle	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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 Tracy Heffron		Director Name Joyce Stevos	
Street Address 1509 South Road		Street Address 57 Althea Street	
City Kingston	State RI	City Providence	State RI
Zip 02881		Zip 02907	
Director Name Ann Hazelwood		Director Name	
Street Address 836 Saugatucket Road		Street Address	
City Wakefield	State RI	City	State
Zip 02879		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Melinda Ragosta, treasurer			Date 06/03/2021
Signature of Officer/Authorized Representative 			

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