



RI SOS Filing Number: 202328687680 Date: 2/14/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 14 2023

BY

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1. Entity ID Number 26534		2. Exact name of the Corporation Narragansett Village Condominium, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners' Association; maintain common expenses account			
4. NAICS Code 813990 - Other Similar Organ					
6. Principal Office Address 400 Narragansett Parkway		City Warwick		State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barbara Iannucci			Vice-President Name David Trombetti		
Street Address 400 Narragansett Parkway, Unit SC-5			Street Address 400 Narragansett Parkway, Unit WB-3		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Paula Sullivan			Treasurer Name Norman Girourd		
Street Address 400 Narragansett Parkway, Unit SA-10			Street Address 400 Narragansett Parkway, Unit WA-6		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Barbara Iannucci			Director Name Robert DiMeo		
Street Address 400 Narragansett Parkway, Unit SC-5			Street Address 109 Moorefield Street		
City Warwick	State RI	Zip 02888	City Providence	State RI	Zip 02909
Director Name Dennis Mullen			Director Name David Trombetti		
Street Address 400 Narragansett Parkway, Unit EE-3			Street Address 400 Narragansett Parkway, Unit WB-3		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Barbara Iannucci				Date 2-10-23	
Signature of Officer/Authorized Representative <i>Barbara Iannucci</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023