



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2024  
Non-Profit Corporation

JAN 30 2024  
V-8000

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

1. Entity ID Number <b>000069351</b>		2. Exact name of the Corporation <b>Narragansett Educational Support Professionals</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>Local Educational Union</b>			
4. NAICS Code <b>611110</b>					
6. Principal Office Address <b>235 S. Pier Rd</b>			City <b>Narragansett</b>	State <b>R.I.</b>	Zip <b>02882</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name <b>Darren Smith</b>			Vice-President Name <b>Tracey Duffin</b>		
Street Address <b>68 Hendrick Ave</b>			Street Address <b>59 South River Dr</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Secretary Name			Treasurer Name <b>Matthew Therien</b>		
Street Address			Street Address <b>113 Conanicus Rd.</b>		
City	State	Zip	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name <b>Darren Smith</b>			Director Name <b>Tracey Duffin</b>		
Street Address <b>68 Hendrick Ave</b>			Street Address <b>59 South River Dr.</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
Director Name <b>Matthew Therien</b>			Director Name		
Street Address <b>113 Conanicus Rd</b>			Street Address		
City <b>North</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	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.					
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 <b>Matthew Therien</b>				Date <b>1-26-24</b>	
Signature of Officer/Authorized Representative 					