



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Non-Profit Corporation

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

MAIL TO:
Division of Business Services
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