



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

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 DEPARTMENT OF STATE
 OFFICE ONLY

1. Entity ID Number 61657		2. Exact name of the Corporation NAPATREE SHORES TENNIS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island OPERATE & MAINTAIN A TENNIS COURT & PARKING AREA			
4. NAICS Code 813990					
6. Principal Office Address 45 SUNSET DRIVE			City CHARLESTOWN	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LISA McCONNELL			Vice-President Name MARIO FRANCALANGIA		
Street Address 359 W BEACH RD			Street Address 395 W BEACH RD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Secretary Name KATHLEEN FRANCALANGIA			Treasurer Name THOMAS FROST		
Street Address 395 W BEACH RD			Street Address 45 SUNSET DR		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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 WHITNEY FROST			Director Name THOMAS FORST		
Street Address 319 W BEACH RD			Street Address 45 SUNSET DR		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
Director Name CHRISTINE MEROLA			Director Name RICK CHASE		
Street Address 349 W BEACH RD			Street Address 419 W BEACH RD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
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 THOMAS FROST					Date 1/29/24
Signature of Officer/Authorized Representative <i>Thomas Frost</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