



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.

**FILED**  
FEB 28 2024  
BY [Signature]

1. Entity ID Number <b>000026534</b>		2. Exact name of the Corporation <b>Narragansett Village Condominium, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Homeowners' Association; Maintain Common Expenses Account</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>400 Narragansett Pkwy</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</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>Barbara Iannucci</b>			Vice-President Name <b>David Trombetti</b>		
Street Address <b>400 Narragansett Pkwy, Unit SC-5</b>			Street Address <b>400 Narragansett Pkwy, Unit WB-3</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
Secretary Name <b>Paula Sullivan</b>			Treasurer Name <b>Norman Girourd</b>		
Street Address <b>400 Narragansett Pkwy, Unit SA-10</b>			Street Address <b>400 Narragansett Pkwy, Unit WA-6</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Barbara Iannucci</b>			Director Name <b>Robert DiMeo</b>		
Street Address <b>400 Narragansett Pkwy, Unit SC-5</b>			Street Address <b>109 Moorefield Street</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
Director Name <b>Dennis Mullen</b>			Director Name <b>David Trombetti</b>		
Street Address <b>400 Narragansett Pkwy, Unit EE-3</b>			Street Address <b>400 Narragansett Pkwy, Unit WB-3</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Barbara Iannucci</b>					Date <b>2-21-24</b>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:  
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