



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

1. Entity ID Number 000026534		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					
6. Principal Office Address 400 Narragansett Pkwy		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 Pkwy, Unit SC-5			Street Address 400 Narragansett Pkwy, 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 Pkwy, Unit SA-10			Street Address 400 Narragansett Pkwy, 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 Pkwy, 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 Pkwy, Unit EE-3			Street Address 400 Narragansett Pkwy, 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.					
<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 Barbara Iannucci					Date 2-21-24
Signature of Officer/Authorized Representative <i>Barbara Iannucci</i>					

MAIL TO:
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Website: www.sos.ri.gov