



State of Rhode Island
Department of State - Business Services Division

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I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2025

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.

25 MAY 19 P 3:45

1. Entity ID Number 000026453		2. Exact name of the Corporation Narragansett Library Association	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Public Lending Library	
4. NAICS Code 813990 - Other Similar			
6. Principal Office Address 180 High Street		City Wakefield	State RI Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James M. Manni		Vice-President Name Brian Silvia	
Street Address 27 Bud Browning Circle		Street Address 79 Claypool Drive	
City Wakefield	State RI	City Warwick	State RI
Zip 02879		Zip 02886	
Secretary Name Nichole Romane		Treasurer Name Brian Silvia	
Street Address 75 Melrose Avenue		Street Address 79 Claypool Drive	
City Warwick	State RI	City Warwick	State RI
Zip 02889		Zip 02886	
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 James M. Manni		Director Name Brian Silvia	
Street Address 27 Bud Browning Circle		Street Address 79 Claypool Drive	
City Wakefield	State RI	City Warwick	State RI
Zip 02879		Zip 02886	
Director Name Nichole Romae		Director Name	
Street Address 75 Melrose Avenue		Street Address	
City Warwick	State RI	City	State
Zip 02889		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.			
<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 Brian Silvia			Date 05/09/2025
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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