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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
27566	Bonnet Shore Terrace Associattion		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	23 Algonquin Rd	Narragansett	02882
5. **Foreign corporation.** Enter principal office address		City	State / Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

Beach area Recreational

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Elaine Ruggieri	
Street Address	Street Address
18 Arnold Ave.	
City / State / Zip	City / State / Zip
Narragansett / RI / 02882	
Secretary Name	Treasurer Name
Jacqueline Sotnik	Michael L. Donnelly
Street Address	Street Address
1 Betty Dr.	23 Algonquin Rd.
City / State / Zip	City / State / Zip
Narragansett / RI / 02882	Narragansett / RI / 02882

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Brian Doyle	Raymond Ruggieri
Street Address	Street Address
4 Kellgg St.	17 Brook St
City / State / Zip	City / State / Zip
Windsor / CT / 06095	Walpole / MA / 02081
Director Name	Director Name
Wayne Wunsch	
Street Address	Street Address
PO Box 48	
City / State / Zip	City / State / Zip
Saunderstown / RI / 02874	

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
Michael L. Donnelly	
Address	City / Zip
23 Algonquin Rd.	Narragansett / 02882

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 27566 [redacted]

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.

Michael L. Donnelly — *Signature of Officer* — 5/21/08 *Date*

Michael L. Donnelly — *Print or Type Name of Officer*

Treasurer — *Title of Officer*

File Date	FILED
Check No.	MAY 23 2008
By:	367
By	

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[redacted]

Form 631 Rev. 12/06

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