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		
000131297	Rhode Island Shoreline Corporation, Inc		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	PO Box 567 3049 Old Post Road	Charlestown	02813
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

To protect the interests and enhance the quality of life of its members, all residents of RI shoreline communities, by protecting, preserving and promoting the unique attributes of the RI shoreline

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

President Name			Vice President Name		
Harry L Staley			James T Beale		
Street Address			Street Address		
PO Box 567 3049 Old Post Road			PO Box 567 3049 Old Post Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Secretary Name			**Treasurer Name**		
Harriet Llyod			Thomas G Frost		
Street Address			Street Address		
PO Box 567 3049 Old Post Road			PO Box 567 3049 Old Post Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813

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		
Harry L Staley			James T Beale		
Street Address			Street Address		
PO Box 567 3049 Old Post Road			PO Box 567 3049 Old Post Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813
Director Name			**Director Name**		
Harriet Llyod			Thomas G Frost		
Street Address			Street Address		
PO Box 567 3049 Old Post Road			PO Box 567 3049 Old Post Road		
City	State	Zip	City	State	Zip
Charlestown	RI	02813	Charlestown	RI	02813

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	
Bruce N Goodsell Esq.		
Address	City	Zip
16 High Street	Westerly	02891

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

[redacted] 0 0 0 1 3 1 2 9 7 [redacted]

File Date	FILED
Check No.	JUN 24 2008
By:	By 041600 10:11

FOR SECRETARY OF STATE USE ONLY

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.

Thomas G. Frost 6/23/2008
Signature of Officer *Date*

Thomas G Frost
Print or Type Name of Officer

[redacted] Treasurer
Title of Officer

Form 631 Rev. 12/06