

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

401.222.3040

* 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

penaity jee of \$25.00.						
1. Corporate ID No. ZZ 6 0 5	2. Name of Corporation HENRIDARIO BEACH ASSOCIATION					
3. State of Incorporation R. I	4. Corporate address in R.	bode Island - Street Address HENRY DR	i VE	BARRINGTON	02806	
5. Foreign corporation. Enter principal office address			Сиу	State	Zψ	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island NEIGHBURIACOD SOCIAC OR GANIZATION						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name ELLEN GREENBERG			Vice President Name SARAH (SALLY) SMALL			
Street Address 6 IDA COURT			Street Address 5 1DA COURT			
BARRINGTON	State RL	0280G	BARRINGTON	State 72 [^{ZID} 02806	
	T DIEH	. 	Treasurer Name ALAN	LEPPER		
Street Address & / HEN	'RY DRIVE	- -	Street Address 3 HENR	Y DRIVE-		
Cuy BARRINGTON	State RL	^{z4} 02806	BARRINGTON	State RL	02806	
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 ELLEN	GREENBE	ERG	Director Name SNRAIF (5:4			
Street Address /	DA COUR	.7	Street Address 5 IDA	COURT	7	
CHY BARIZINGION	State RI	02806	CHIBARRINGTON	State RL	Z4902806	
Director Name SCOIT DIE-14C			Director Name ALLAN KLEPDER			
Street Address 8 / ENRY DRIVE-			Street Address 3 HENRY DRIVE			
CHY BARRINGIZN	State RL	2402806	Cay BARRILLNGTON	State R.Z	Z#02806	
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary Assistant Secretary Treasurer, Receiver or Trustee						

Title of Officer

	FILED
File Date	JUN 03 2009
Check No.	By 2609
Ву:	
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including only accompanying schedules and statements, and that all tained herein are true and correct. Signature of Officer ALLAN Print or Type Name of Officer TR EASURER