



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 2009

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. 28575		2. Name of Corporation Mishnock Beach Association	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address WEST GREENWICH 02817	
5. Foreign corporation. Enter principal office address —		City —	Zip —
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JOAN SANTOS-BEAUVEN		Vice President Name MORT OLIVER	
Street Address 189 Mishnock Rd		Street Address 225 Mishnock Rd	
City WG	State RI	City WG	State RI
Zip 02817		Zip 02817	
Secretary Name DIANE BLAQUIERE		Treasurer Name JUDE PELCHAT	
Street Address 205 Mishnock Rd		Street Address 52 BAILEY DRIVE	
City WG	State RI	City WG	State RI
Zip 02817		Zip 02817	
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 JAN FAGUE		Director Name Robert R. BEAGEN	
Street Address 227 Mishnock Rd		Street Address 46 BAILEY DRIVE	
City WG	State RI	City WG	State RI
Zip 02817		Zip 02817	
Director Name DEBRA HART		Director Name Noel St. George	
Street Address 234 Mishnock Rd		Street Address 207 Mishnock Rd	
City WG	State RI	City WG	State RI
Zip 02817		Zip 02817	
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

File Date	FILED
Check No.	JUL 03 2009
By:	123
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.

Diane L. Blaquiere 6/25/09
Signature of Officer Date
DIANE L. BLAQUIERE
Print or Type Name of Officer
Secretary
Title of Officer