

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

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 tensity fee of \$75.00.

to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation	AGE BEACH	H ASSOC. IN	tC		
3. State of Incorporation		Phode Island - Street Address	1 1/330C I	City.	Zip	
R.I.			EET	NARRA GANSETT		
5. Foreign corporation. Enter print	cipal office address		Сиу	State	Zip	
6. Brief Description of the character of	of the affairs which are aci	ually conducted in Rhode Isla	l Ind			
MAINTAINANCE OF BEACH FOR SAFETY + ECOLOGIAL PURPOSES						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
FRANCIS PRODERICK			DAVID O'KEEFE			
Street Address			Street Address			
65 HARTSDALE AVE.			500 RANDOLPH AVE.			
WHITE PLAINS	State N. Y.	10605	MILTON	MA.	^{Zup} 02188	
Secretary Name	22 4 2 2 2		Treasurer Name			
DONNA MASTERSON			GERALD MIELE			
Street Address 658 MAIN STREET			Street glidress 33 GARDINER ST.			
MEDFIELD	MA.	O2052	NARRAZANSETT	State R. I.	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			
HENRY MCGREEN			FRANKLIN ROBINSON			
Street Address 809 BOSTON NECK Rd.			Street Address 24 GARDINER ST.			
ALAAAA OAAA	State +	20000	City	State	Zip	
NARRA GANSETT	V + + +	02882	NARRA GANSETT	R. ±.	02882	
MARY JANE GRAY			Director Name JEAN GILBANE COLE			
Street Address 31 JOHNSON AVE.			Street Address 22 BRIDGHAM FARM Rd.			
NACO A TALLE	State P T	2ip 1900)	City	State	Zip MOLL	
NHMYHGANSTYT 9. registered agent in i	めいナイ	NOT ALTER - Change	RVMFORD es require filing of Form 64	R. ∓. 1 - R.I.G.L. 7-6-13 / 7-1	~~O2916 6-78	
Agent Name Address						
CHERALD A. MIELE			23 GARDINER ST,			
Address			City	Zip A A C	2.4	
23 GARDINER ST., 1			NARRAGANSETT 02882			
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

FILED	Under penalty of perjury, I declare and affirm that I have examined this		
File Date JUN 23 2010	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.		
Check NBY 134	Signature of Officer Date GERALD A. MIELE		
Ву	Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY	TREASURER Tule of Officer		