



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000003161		2. Exact name of the Corporation Buttonwood Beach Association			
3. Principal office address 5 Ninth Ave		City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-732-4046		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island maintain property for common good					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Susan Martin Phipps		Vice-President Name Hope Dillon			
Street Address 89 Janice Rd		Street Address 1072 Buttonwood Ave			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Douglas Rademacher		Treasurer Name Peter C Dorsey Jr			
Street Address Buttonwoods Ave		Street Address 5 Ninth Ave			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lisa Curry			Director Name Rich Johnson		
Street Address 5 Beach Park Ave			Street Address 109 Amore Rd		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Linda Rhault			Director Name Mark McKenney		
Street Address 173 Janice Rd			Street Address 22 Eleventh Ave		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. No change			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

BY

FILED

APR 19 2012

169004

10138

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.

Signature of Authorized Representative

Date

Print or Type Name of Authorized Representative

2012 APR 19 AM 10:38
SECRETARY OF STATE
CORPORATIONS DIVISION