



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 2013

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. 140086		2. Exact name of the Corporation BEACHVIEW BUILDING COMPANY			
3. Principal office address 50 OCEANVIEW DRIVE		City MIDDLETOWN	State RI	Zip 02842	
4. Business Phone No. 401-924-3868		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF RESIDENTIAL AND COMMERCIAL CONSTRUCTION AND RENOVATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHRISTOPHER SYNNOTT			Vice-President Name STEPHANIE SYNNOTT		
Street Address 50 OCEANVIEW DRIVE			Street Address 50 OCEANVIEW DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name STEPHANIE SYNNOTT			Treasurer Name CHRISTOPHER SYNNOTT		
Street Address 50 OCEANVIEW DRIVE			Street Address 50 OCEANVIEW DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHRISTOPHER SYNNOTT			Director Name STEPHANIE SYNNOTT		
Street Address 50 OCEANVIEW DRIVE			Street Address 50 OCEANVIEW DRIVE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
15		COMMON		NO PAR VALUE	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 12 2013

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.

Stephanie A. Synnott 2/11/13
Signature of Authorized Representative Date

Stephanie A. Synnott
Print or Type Name of Authorized Representative

By *MRC*
CR # 19645