



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.<br><b>2782</b>  |                    | 2. Exact name of the Corporation<br><b>BREAKWATER VILLAGE, INC.</b> |   |                    |                     |
| 3. Principal office address<br><b>One Offshore Road, Unit 32</b>   |                    |   | City<br><b>Narragansett</b>   | State<br><b>RI</b> | Zip<br><b>02882</b> |
| 4. Business Phone No.<br><b>(561) 254-2177</b>   |                    |   | 5. State of Incorporation<br><b>Rhode Island</b>                    |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate Brokerage</b>  |                    |   |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                    |                     |
| President Name<br><b>Peter A. Conn</b>   |                    |   | Vice-President Name<br><b>Christopher J. Conn</b>                   |                    |                     |
| Street Address<br><b>P. O. Box 563</b>   |                    |   | Street Address<br><b>P. O. Box 563</b>                              |                    |                     |
| City<br><b>Narragansett</b>  | State<br><b>RI</b> | Zip<br><b>02882</b>   | City<br><b>Narragansett</b>   | State<br><b>RI</b> | Zip<br><b>02882</b> |
| Secretary Name<br><b>Peter A. Conn</b>   |                    |   | Treasurer Name<br><b>Judy R. Conn-Mathot</b>                        |                    |                     |
| Street Address<br><b>P. O. Box 563</b>   |                    |   | Street Address<br><b>P. O. Box 563</b>                              |                    |                     |
| City<br><b>Narragansett</b>  | State<br><b>RI</b> | Zip<br><b>02882</b>   | City<br><b>Narragansett</b>   | State<br><b>RI</b> | Zip<br><b>02882</b> |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                    |                     |
| Director Name<br><b>Peter A. Conn</b>  |                    |   | Director Name<br><b>Judy R. Conn-Mathot</b>                         |                    |                     |
| Street Address<br><b>P. O. Box 563</b>   |                    |   | Street Address<br><b>P. O. Box 563</b>                              |                    |                     |
| City<br><b>Narragansett</b>  | State<br><b>RI</b> | Zip<br><b>02882</b>   | City<br><b>Narragansett</b>   | State<br><b>RI</b> | Zip<br><b>02882</b> |
| Director Name<br><b>Christopher J. Conn</b>  |                    |   | Director Name<br><b>None</b>  |                    |                     |
| Street Address<br><b>P. O. Box 563</b>   |                    |   | Street Address  |                    |                     |
| City<br><b>Narragansett</b>  | State<br><b>RI</b> | Zip<br><b>02882</b>   | 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           |
|  |                    |   | 500   | 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: \_\_\_\_\_

**FILED**

**MAR 13 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.

*Peter A. Conn* 3/12/13  
 Signature of Authorized Representative Date

**Peter A. Conn**

Print or Type Name of Authorized Representative

By *MJC*  
 CW # 6240