



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 29843		2. Exact name of the Corporation West Reach Estsates Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Homeowners Association			
5. Principal office address PO Box 635, 449 West Reach Drive			City Jamestown	State RI	Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Peri Aptaker			Vice-President Name Antonio Pensa		
Street Address 4 Fore Royal Court			Street Address 11 Fly Jib Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Rosemary Forbes-Woodside			Treasurer Name C. Richard Koster		
Street Address 23 Skysail Court			Street Address 449 West Reach Drive		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Peri Aptaker			Director Name Antonio Pensa		
Street Address 4 Fore Royal court			Street Address 11 Fly Jib Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Rosemary Forbes-Woodside			Director Name C. Richard Koster		
Street Address 23 Skysail Court			Street Address 449 West Reach Drive		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED

JUN 06 2014

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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.

C. Richard Koster 6/5/2014
 Signature of Officer or Authorized Representative Date

C. Richard Koster, Treasurer

Print or Type Name of Officer or Authorized Representative

**Beavertail Lighthouse Museum Association
Attachment Form 631 Non-Profit Corporation Annual Report for the year 2014
Section 7 – Directors**

**Richard Anderson
280 West Reach Drive
Jamestown, RI 02835**