



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 <u>MUST</u> 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: _____

FOR SECRETARY OF STATE USE ONLY

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
Signature of Officer or Authorized Representative

6/5/2014

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