



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. -73371		2. Exact name of the Corporation Beavertail Lighthouse Museum Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-Profit Organization dedicated to education and preservation			
5. Principal office address PO Box 83 Beavertail Road		City Jamestown		State RI	Zip 02835
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Stewart Morgan		Vice-President Name Suzann Andrews			
Street Address 35 Knowles Court, Unit 301		Street Address 65 Blueberry Lane			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Secretary Name Joan Vessella		Treasurer Name C. Richard Koster			
Street Address 10 Beach Ave.		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) ☒					
Director Name George Warner		Director Name Linda Warner			
Street Address 13 Shady Lane		Street Address 13 Shady Lane			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Anthony Antine		Director Name Richard Sullivan			
Street Address 36 Walcott Ave.		Street Address 7 Sonquipoag Rd.			
City Jamestown	State RI	Zip 02835	City Charlestown	State RI	Zip 02813
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

Guy Archambault
25 Whale Rock Rd.
Jamestown, RI 02835

Anne Livingston
100 Racquet Rd.
Jamestown, RI 02835

Varoujan Karentz
2 Clarke's Village
Jamestown, RI 02835

Stewart Morgan
35 Knowles Court
Unit 301
Jamestown, RI 02835

Joan Vessella
10 Beach Ave.
Jamestown, RI 02835

C. Richard Koster
449 West Reach Drive
Jamestown, RI 02835

Suzann Andrews
65 Blueberry Lane
Jamestown, RI 02835