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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.	2. Exact name of the Corporation
~~un2sf2~~ 221571	beach plum Inn Condominium assoc
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: condo association

5. Principal office address	City	State	Zip
53 Winnapaug rd	Westerly	Ri	02089

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Janet Manthey	48 Huckleberry Lane	Berlin	Ct	06037

Vice-President Name	Street Address	City	State	Zip
Alex Sonkin	1669 Willard Ave	Newington	Ct	06037

Secretary Name	Street Address	City	State	Zip
Diana Macke	247 Butternut Ln	Berlin	Ct	06037

Treasurer Name	Street Address	City	State	Zip
Jackie Proulx	98 College Street	South Hadley	MA	

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Janet Manthey	48 Huckleberry Lane	Berlin	Ct	06037

Director Name	Street Address	City	State	Zip
Diana Macke	247 Butternut Lane	Berlin	Ct	06037

Director Name	Street Address	City	State	Zip
Jackie Proulx	98 College Street	South Hadley	MA	

Director Name	Street Address	City	State	Zip

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

FILED

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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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.

Janet Manthey — 11/18/2014
Signature of Officer or Authorized Representative — Date

Janet Manthey President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
114168-3-982043