RI SOS Filing Number: 201450385730 Date: 11/25/2014 4:00 PM

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
26232	LAND-N-SEA BEACH CLUB
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO OWN, CARE FOR, MAINTAIN AND REPAIR LOTS

5. Principal office address	City	State	Zip
133 OLD TOWER HILL ROAD, STE.	WAKEFIELD	RI	02879

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

President Name	Street Address	City	State	Zip
DAVID KEHOE	140 CODDINGTON WAY	WAKEFIELD	RI	02879

Vice-President Name	Street Address	City	State	Zip
ROBERT ROGERS	107 ROBERT FROST WAY	WAKEFIELD	RI	02879

Secretary Name	Street Address	City	State	Zip
BEATRIZ DEWERANVILLE	20 EMERSON WAY	WAKEFIELD	RI	02879

Treasurer Name	Street Address	City	State	Zip
NORMA ROELKE	7 ALEC TEMPLETON LANE	GREENWICH	CT	06831

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
BEATRIZ DEWERANVILLE	20 EMERSON WAY	WAKEFIELD	RI	02879

Director Name	Street Address	City	State	Zip
NORMA ROELKE	7 ALEC TEMPLETON LANE	GREENWICH	CT	06831

Director Name	Street Address	City	State	Zip
MARGARET BUCHEIT	161 CODDINGTON WAY	WAKEFIELD	RI	08279

Director Name	Street Address	City	State	Zip
ALVIN T. BOYD	388 ROARING BROOK ROAD	CHAPPAQUA	NY	10514

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
NOV 25 2014
1058
BY

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

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.

Signature of Officer or Authorized Representative — Date: 11/19/2014

NORMA ROELKE, TREASURER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

114228-3-982048