

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company BeachWalk Management, LLC				
503891	Beachwa					
3. State of Formation		Brief description of the character of business conducted in Rhode Island Management Consulting				
Rhode Island	Managen					
5. Principal office address Corn Neck Road			City Block Island	State RI	Zip 02807	
8. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT PE	ERSON:		
Contact Name James Hinthorn	orn		Contact Title			
Street Address P. O. Box 1214			City Block Island	State RI	Zip 02807	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE LIN	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name James Hinthorn			Manager Name Pamela Hinthorn			
Street Address P. O. Box 1214			Street Address P. O. Box 1214			
City Block Island	State RI	Zip 02807	City Block Island	State RI	^{Zip} 02807	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN F	RHODE ISLAND			L		
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require f	lling Form 642.		
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FILED OCT 2 6 2015

File Date	Under penaity 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.		
Check No		10 21-15	
By:	Signature of Authorized Person	Date	
	James Hinthorn		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 ** Revised: 01/2012