



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 2009

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. 117889		2. Exact name of the Corporation Atlantic Beach Casino Resort Home Owners Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Home owners association			
5. Principal office address 319 Atlantic Ave		City Westerly		State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Steve Hartford		Vice-President Name Richard Winkler			
Street Address 319 Atlantic Ave		Street Address 315 Atlantic Ave			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name NONE		Treasurer Name Lydia Teixeira			
Street Address		Street Address 319 Atlantic Ave			
City	State	Zip	City Westerly	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Steve Hartford		Director Name Richard Winkler			
Street Address 319 Atlantic Ave		Street Address 315 Atlantic Ave			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Barbara Stillman		Director Name Lydia Teixeira			
Street Address 315 Atlantic Ave		Street Address 319 Atlantic Ave			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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

JAN 29 2016

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

10/27/2015

Date

Thomas Trembach, authorized by Barbara Stillman

Print or Type Name of Officer or Authorized Representative