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 2015

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.**

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1. Entity ID No.	2. Exact name of the Corporation
28575	Mishnock Beach Association
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: management + maintenance of neighborhood beach to promote social activities amongst its members

5. Principal office address: 205 Mishnock Rd, City: W. Greenwich, State: RI, Zip: 02817

6. CHANGE OFFICE ADDRESS ONLY ☐

President Name	Vice-President Name
Richard Chamberlin	Doug Lucier
Street Address: 213 Mishnock Rd	Street Address: 235 Mishnock Rd
City: WG, State: RI, Zip: 02817	City: WG, State: RI, Zip: 02817
Secretary Name	**Treasurer Name**
Diane Blaquiere	Kevin Kinsella
Street Address: 205 Mishnock Rd	Street Address: 27 Bailey Drive
City: WG, State: RI, Zip: 02817	City: WG, State: RI, Zip: 02817

7. LIST ALL DIRECTORS' NAMES AND ADDRESSES. RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (* IF BOX FOR LARGER NUMBER ☐)

Director Name	Director Name
Mort Oliver	Joan Santos Beaven
Street Address: 2 Bailey Drive	Street Address: 199 Mishnock Rd
City: WG, State: RI, Zip: 02817	City: WG, State: RI, Zip: 02817
Director Name	**Director Name**
Richard Chamberlin	Diane Blaquiere
Street Address: 213 Mishnock Rd	Street Address: 205 Mishnock Rd
City: WG, State: RI, Zip: 02817	City: WG, State: RI, Zip: 02817

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

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File Date:
Check No.:
By:
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MAY 27 2016
By KL275365
11:11

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: 7/29/15

Richard Chamberlin
Print or Type Name of Officer or Authorized Representative

President

Form No. 631
Revised: 04/2014