

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 2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

			BT JULY 30 WILL RESULT IN	A \$25.00 F CITAL!			
1. Entity ID No.	2. Exact nai	2. Exact name of the Corporation					
73311	Beaverta	Beavertail Lighthouse Museum Association					
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island					
RI	Non-Pro	Non-Profit Organization dedicated to education and preservation					
5. Principal office address PO Box 83, Beavert	Principal office address D Box 83, Beavertail Road		City Jamestown	State RI	Zip 02835		
6. LIST ALL OFFICERS (NAMES AND ADDE	RESSES) ("X" BOX F	OR ATTACHMENT)			7	
President Name			Vice-President Name				
Suzann Andrews			Stewart Morgan				
Street Address			Street Address				
08 Howland Avenue		35 Knowles Court, Unit 301					
City	State	Zip	City	State	Zip		
Jamestown	RI	02835	Jamestown	RI	02835		
Secretary Name Joan Vessella			Treasurer Name C. Richard Koster				
Street Address 10 Beach Avenue			Street Address 449 West Reach Drive				
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835		
7. LIST ALL DIRECTORS ("X" BOX FOR ATTACI	(NAMES AND ADD	DRESSES). RHODE IS	SLAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIREC	TORS	
Director Name			Director Name				
Varoujan Karentz			Dorrie Linn				
Street Address			Street Address				
2 Clarke's Village Ro	oad		25 Hamilton Avenue				
City	State	Zip	City	State	Zip		
Jamestown	RI	02835	Jamestown	RI	02835		
irector Name		Director Name					
Anne Livingston			Stephen Meade				
Street Address			Street Address				
100 Racquet Road			24 Boulevard				
City	State	Zip	City	State RI	Zip 02842		
Jamestown	RI	02835	Middletown	Kı	UZ04Z		
8. REGISTERED AGENT							
			tary of State. Changes require fil				
This report must be signed	by either the Presid	lent, Vice-President, S	ecretary, Assistant Secretary, Treas	surer, duly Authorized	Hepresentative, He	ceiver	

or Trustee

File Date	-		
Check No _			
Ву:			
FOR SECRE	TARY OF	STATE II	SF ONLY

Form No. 631

Revised: 04/2014



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 hergin are true and correct.

Signature of Officer or Authorized Representative

C. Richard Koster, Treasurer

Print or Type Name of Officer or Authorized Representative

Beavertail Lighthouse Museum Association Attachment Form 631 Non-Profit Corporation Annual Report for the year 2016 Section 7 Board of Directors

George Warner 13 Shady Lane Jamestown, RI 02835

Linda Warner 13 Shady Lane Jamestown, RI 02835

FILED
JUN 0 6 2016
BV 4/83.05