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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

President Name David O'Keefe Vice-President Name Frances Broderick	→ Penalty: Additional \$25.00	fee if form is no	ot filed by July 30	0.				
A. State of Incorporation RHODE ISLAND 4. Brief description of the character of business conducted in Rhode Island Maintain the beach for safety, repairs, and integrity for the owners and members City State R.I. 02882 6. List ALL officers (names and addresses) Check the box to indicate an attachme President Name David O'Keefe Vice-President Name Frances Broderick Street Address 500 Randolph Avenue City Milton State MA. Zip 02188 City White Plains Street Address 23 Gardiner Street City Medfield State MA. Zip 02052 City Narragansett Street Address 23 Gardiner Street City Medfield State MA. Zip 02052 City Narragansett Director Name Henry McGreen Street Address 809 Boston Neck Rd. City Narragansett Street Address 10 Summit Ave. City Narragansett Street Address 10 Summit Ave. City Narragansett Street Address 17 Gardiner Street City Narragansett Street Address 17 Gardiner Street City Narragansett Street Address 17 Gardiner Street City Medfield State MA. Zip 02052 City Narragansett Street Address 17 Gardiner Street City Narragansett Street Address 17 Gardiner Street City Medfied State MA. Zip 02052 City Narragansett Street Address 17 Gardiner Street City Medfied State MA. Zip 02052 City Narragansett City Narragansett Street Address 17 Gardiner Street City Medfied State MA. Zip 02052 City Narragansett City Narragansett Street Address 17 Gardiner Street City Medfied State MA. Zip 02052 City Narragansett Street Address 17 Gardiner Street City Medfied State R.I. Zip 02882 State R.I. Zip 02882 State R.I. Zip 02882 State Address 17 Gardiner Street City Medfied State R.I. Zip 02882 City Narragansett State R.I. Zip 02882 State R.I. Zip 02882 City Narragansett State R.I. Zip 02882 City Narragansett State R.I. Zip	<u>-</u>	•						
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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.								
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Representative Date	·							
GERALD A. MIELE, TREAS. JUNE 12, 2016						JUNE 12, 2016		
Signature of Officer/Authorized Representative Leval of Motor Doctor HERE 6/12/16	- K/2		15190 DOG	Meast HEREG/12/	/16			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

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