



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
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>28862</u>		2. Exact name of the Corporation <u>SHORE ACRES COMMUNITY ASSOCIATION</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>HOME OWNERS ASSOCIATION</u>			
5. Principal Office Address <u>88 SAUGA AVENUE</u>			City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>BETH BEUTLEY</u>			Vice-President Name <u>NONE</u>		
Street Address <u>52 FOURTH ST.</u>			Street Address		
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
Secretary Name <u>LINDA D. LUNDBLAD</u>			Treasurer Name <u>JOYCE MCWEEUEY</u>		
Street Address <u>88 SAUGA AVENUE</u>			Street Address <u>57 SAUGA AVE</u>		
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>JIM MCWEEUEY</u>			Director Name <u>KATIE PISCATELLI</u>		
Street Address <u>57 SAUGA AVE.</u>			Street Address <u>36 SAUGA AVE.</u>		
City <u>NK</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>
Director Name <u>BEVERLY KILGOUSS</u>			Director Name		
Street Address <u>561 SHORE ACRES</u>			Street Address		
City <u>N. KINGSTOWN</u>	State <u>RI</u>	Zip <u>02852</u>	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>LINDA D. LUNDBLAD</u>				Date <u>6/30/16</u>	
Signature of Officer/Authorized Representative <u>Linda D. Lundblad</u>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 AUG 15 2016

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