

R1 Dept of State



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 26418		2. Exact name of the Corporation East Beach Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Beach Preservation - Non-Profit			
5. Principal Office Address 23 Ice Pond Rd			City Westerly	State RI	Zip 02891
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Brockmann			Vice-President Name Thomas G. Ahern, Jr.		
Street Address 223 Bayview Ave			Street Address 196 East Avenue		
City E. Greenwich	State RI	Zip 02818	City Westerly	State RI	Zip 02891
Secretary Name Cricket Barlow			Treasurer Name Denise Daukas		
Street Address 246 Longreach Lane			Street Address 23 Ice Pond Rd		
City Pennsdate	State PA	Zip 17756	City Westerly	State RI	Zip 02891
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott Brown			Director Name Thomas Burke		
Street Address 2 Magill Drive			Street Address 8 Edelweiss Lane		
City Greenwich	State CT	Zip 06830	City Darien	State CT	Zip 06820
Director Name Katie Porter			Director Name		
Street Address 164 Willard St			Street Address		
City Brookline	State MA	Zip 02445	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.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Denise M. Daukas					Date 12/6/16
Signature of Officer/Authorized Representative DM Daukas					

FILED

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

DEC 08 2016

By 1581
LD FORM 631 - Revised: 05/2016