



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

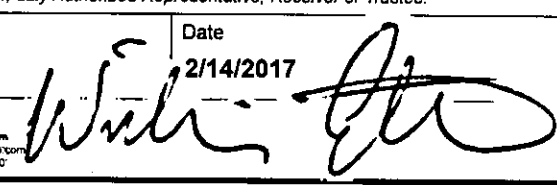
Annual Report for the year: 2016

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 117889		2. Exact name of the Corporation Atlantic Beach Casino Resort Owners Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Timeshare/condo Owners Association			
5. Principal Office Address 319 Atlantic Avenue		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 William Eaton			Vice-President Name Lisa Fuller		
Street Address 42 Silver Beech Rd			Street Address 16 Jade Hill Rd		
City Southbury	State CT	Zip 06488	City Auburn	State MA	Zip 01501
Secretary Name Mark Eucalitto			Treasurer Name Dee Martel		
Street Address 50 Polly Dan Road			Street Address PO Box 802		
City Burlington	State CT	Zip 06013	City Glendale	State RI	Zip 02826
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 Len Specht			Director Name Lisa Fuller		
Street Address 9 Newell Lane			Street Address 16 Jade Hill Road		
City Glastonbury	State CT	Zip 06033	City Auburn	State MA	Zip 01501
Director Name Mark Eucalitto			Director Name		
Street Address 50 Polly Dan Road			Street Address		
City Burlington	State CT	Zip 06130	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.					
<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 William Eaton				Date 2/14/2017	
Signature of Officer/Authorized Representative 					

william.eaton@proseco.com
christina.eaton@proseco.com
2017-02-14 15:10:00

FILED

FEB 17 2017

MAIL TO:

Division of Business Services

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