



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2017  
 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 <b>51658</b>		2. Exact name of the Corporation <b>ROY CARPENTER'S BEACH ASSOCIATION, INC.</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>WE ARE A SEASONAL HOMEOWNERS ASSOCIATION</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>178 EASTWICK ROAD</b>		City <b>NO. KINGSTOWN</b>	State <b>RI</b>
		Zip <b>02852</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>THOMAS P. PYNE</b>		Vice-President Name <b>JULIE MANLEY</b>	
Street Address <b>178 EASTWICK RD</b>		Street Address <b>21 GRIGGS RD</b>	
City <b>NO. KINGSTOWN</b>	State <b>RI</b>	City <b>SUTTON</b>	State <b>MA</b>
Zip <b>02852</b>		Zip <b>01590</b>	
Secretary Name <b>KIM DOYLE</b>		Treasurer Name <b>SHERRY RODGERSON</b>	
Street Address <b>140 DAWIA ST.</b>		Street Address <b>64 WOODMERE DR.</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>TRUMBULL</b>	State <b>CT</b>
Zip <b>02888</b>		Zip <b>06611</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>JEAN KANACZET</b>		Director Name <b>DEB FORTIN</b>	
Street Address <b>16 HAYES ST.</b>		Street Address <b>168 WIDOW SWEET RD</b>	
City <b>WARWICK</b>	State <b>RI</b>	City <b>EXETER</b>	State <b>RI</b>
Zip <b>02886</b>		Zip <b>02822</b>	
Director Name <b>ALICIA ARAUJO</b>		Director Name <b>MUSTAFA GHARREE</b>	
Street Address <b>157 FERRIS AV.</b>		Street Address <b>40 OLD LOUISQUISSET PIRE #1204L</b>	
City <b>RUMFORD</b>	State <b>RI</b>	City <b>NO. SMITHFIELD</b>	State <b>RI</b>
Zip <b>02816</b>		Zip <b>02896</b>	
9. 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>			
<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 <b>THOMAS P. PYNE</b>			Date <b>6/7/17</b>
Signature of Officer/Authorized Representative <i>Thomas P. Pyne</i>			<b>FILED</b>

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

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