



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.

STAMP

RECEIVED
STATE
RI DEPT OF STATE
BUS SVCS DIV
2017 JUN 14 AM 10:20

1. Entity ID Number 68342		2. Exact name of the Corporation Beacon Hill Lane Homeowner's Association, Inc.	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Condominium Association.	
5. Principal Office Address 1573 Beacon Hill Road		City New Shoreham	State RI Zip 02807
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Everett Russell Littlefield, Jr.		Vice-President Name John E. Savoie	
Street Address P.O. Box 1364		Street Address P.O. Box 86	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Secretary Name Abra Savoie		Treasurer Name Heather Russo Littlefield	
Street Address P.O. Box 86		Street Address P.O. Box 1364	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
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 None EVERETT RUSSELL LITTLEFIELD, JR		Director Name None JOHN E. SAVOIE	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	City	State
Zip		Zip	
Director Name None ABRA SAVOIE		Director Name None HEATHER RUSSO LITTLEFIELD	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	City	State
Zip		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 Everett Russell Littlefield, Jr.			Date 4/24/17
Signature of Officer/Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE			

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

RECEIVED
RI DEPT OF STATE
BUS SVCS DIV

FILED

JUL 28 2017
BY *309230*
A.A. 10:44 A.M.

FORM 631 - Revised: 02/2017