



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

Annual Report for the year: **2012**  
 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  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 JUN 14 AM 10:20

1. Entity ID Number <b>68342</b>		2. Exact name of the Corporation <b>Beacon Hill Lane Homeowner's Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Condominium Association.</b>			
5. Principal Office Address <b>1573 Beacon Hill Road</b>		City <b>New Shoreham</b>	State <b>RI</b>	Zip <b>02807</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John E. Savoie</b>		Vice-President Name <b>Peter Gempp</b>			
Street Address <b>P.O. Box 86</b>		Street Address <b>P.O. Box 832</b>			
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
Secretary Name <b>Abra Savoie</b>		Treasurer Name <b>Laurie Gempp</b>			
Street Address <b>P.O. Box 86</b>		Street Address <b>P.O. Box 832</b>			
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <del>None</del> <b>JOHN E. SAVOIE</b>		Director Name <del>None</del> <b>PETER GEMPP</b>			
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>			
City	State	Zip	City	State	Zip
Director Name <del>None</del> <b>ABRA SAVOIE</b>		Director Name <del>None</del> <b>LAURIE GEMPP</b>			
Street Address <b>SAME AS ABOVE</b>		Street Address <b>SAME AS ABOVE</b>			
City	State	Zip	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>					
<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>John E. Savoie</b>				Date <b>4/24/17</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE <b>FILED</b> RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV JUL 28 2017 BY <b>309032</b> <b>A.A. 10:38 A.M.</b>	