



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

Annual Report for the year: 2011

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

FOR
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

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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 John E. Savole		Vice-President Name Peter Gempp	
Street Address P.O. Box 86		Street Address P.O. Box 832	
City Block Island	State RI	City Block Island	State RI
Zip 02807		Zip 02807	
Secretary Name Abra Savoie		Treasurer Name Laurie Gempp	
Street Address P.O. Box 86		Street Address P.O. Box 832	
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 JOHN E. SAVOIE		Director Name None PETER GEMPP	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State	City	State
Zip		Zip	
Director Name None ABRA SAVOIE		Director Name None LAURIE GEMPP	
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 John E. Savole			Date 4/24/17
Signature of Officer/Authorized Representative 			

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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 SIGN DOCUMENT HERE
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FILED

BY

A.A. 10:37 A.M.

FORM 631 - Revised: 02/2017