



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

Annual Report for the year: **2005**
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
 SECRETARY OF STATE
 JUN 30 17

2017 JUN 14 AM 10:21

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

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. Savoie			Vice-President Name Peter Gempp		
Street Address P.O. Box 86			Street Address P.O. Box 832		
City Block Island	State RI	Zip 02807	City Block Island	State RI	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	Zip 02807	City Block Island	State RI	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	Zip	City	State	Zip
Director Name None ABRA SAVOIE			Director Name None LAURIE GEMPP		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
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.					
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. Savoie					Date 4/24/17
Signature of Officer/Authorized Representative 					FILED JUL 28 2017 BY 309237 A.A. 10:31 A.M.
SIGN DOCUMENT HERE BUS SVCS DIV R.I. DEPT. OF STATE RECEIVED 2017 JUL 28 AM 10:27					

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 Website: www.sos.ri.gov