



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

Annual Report for the year: 2004
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.

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 FOR
 R.I. DEPT. OF STATE
 BUS. SVCS DIV
 2017 JUN 14 AM 10:21

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
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6. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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 PETER 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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative John E. Savoie	Date 4/24/17
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Signature of Officer/Authorized Representative

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 SIGN DOCUMENT HERE
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