



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.

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

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>
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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>
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>

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE 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
Director Name <del>None</del> <b>ABRA 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

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 <b>John E. Savoie</b>	Date <b>4/24/17</b>
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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

2017 JUL 28 AM 10:27  
 SIGN DOCUMENT HERE  
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**FILED**  
 2017 JUL 28  
 BY 309232 FORM 631 - Revised: 02/2017  
 A.A. 10:30 A.M.