State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

STAMP

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000009926	THE SEASIDE BEACH CLUB, INC.

3. Principal Office Address	City	State	Zip
Atlantic Avenue	Westerly	RI	02891

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
999999	Beach Club, acquire, hold, operate, dispose of privileges, rights, franchises, consessions, buy, sell, lease, mortgage, exchange of real estate, etc.
5. State of Incorporation: Rhode Island	

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

President Name	Vice-President Name
Brian M. Capalbo	Ronald E. Capalbo
Street Address: 130 Granite St., PO Box 61	Street Address: 130 Granite St,. PO Box 61
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891
Secretary Name: Brian M. Capalbo	Treasurer Name: Ronald E. Capalbo
Street Address: 130 Granite St., PO Box 61	Street Address: 130 Granite St., PO Box 61
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Brian M. Capalbo	Ronald E. Capalbo
Street Address: 130 Granite St., PO Box 61	Street Address: 130 Granite St., PO Box 61
City: Westerly, State: RI, Zip: 02891	City: Westerly, State: RI, Zip: 02891
Director Name: None	Director Name: None
Street Address:	Street Address:
City: , State: , Zip:	City: , State: , Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600 COMM NPV	Common	NPV

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Brian M. Capalbo	1/22/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED

JAN 29 2018

BY 4612 DS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017