



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000117889

2. Name of Corporation ATLANTIC BEACH CASINO RESORT OWNERS ASSOCIATION, INC.

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

4. Corporate Address in Rhode Island

No. and Street: 319 ATLANTIC AVENUE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

AN ASSOCIATION OF UNIT OWNERS TO MANAGE THE ATLANTIC BEACH CASINO RESORT LOCATED IN THE TOWN OF WESTERLY, RI

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	WILLIAM EATON	42 SILVER BEECH ROAD SOUTHBURY, CT 06488 USA
TREASURER	DEE MARIE MARTEL	79 NORTH SHORE DR GLENDALE, RI 02826 USA
SECRETARY	MARK EUCALITTO	50 POLLY DAN RD GLASTONBURY, CT 06130 USA
VICE PRESIDENT	LISA FULLER	16 JADE HILL RD AUDURN, MA 01501 USA
DIRECTOR	LEN SPECHT	9 NEWELL LANE GLASTONBURY, CT 06033 USA
DIRECTOR	LISA FULLER	16 JADE HILL RD AUBURN , MA 01501 USA
DIRECTOR	MARK EUCALITTO	50 POLLY DAN RD GLASTONBURY, CT 06130 USA
DIRECTOR	TED MARCUCILLI	50 WEST STREET #C2A HARRISON, NY 10528 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ANTHONY J. NARDONE, ESQ. 149 HIGH STREET WESTERLY , RI 02891

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

Signed this 23 Day of May, 2018 at 2:20:41 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By DEE MARIE MARTEL
Signature of Authorized Person

Form No. 631
Revised 09/07