



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

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SECRETARY'S DIV
CORPORATIONS
2018 MAY 23 PM 4:11

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 001664030		2. Exact name of the Corporation BEACHWOOD CENTER FOR WELLBEING	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Behavioral Health and Healing for Individuals & Society	
4. NAICS Code 813319			
6. Principal Office Address PO Box 5336		City WAKEFIELD	State RI Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LYNNE B. APPS		Vice-President Name H. HARRIS BAILEY	
Street Address 205 Woodville Aven Rd		Street Address 2291 Las Casitas	
City Hopkinton	State RI Zip 01834	City Wellington	State FL Zip
Secretary Name ANDRESS MOYAL BELL		Treasurer Name BRIAN BELL	
Street Address 249 Woodruff Ave		Street Address 249 Woodruff Ave	
City WAKEFIELD	State RI Zip 02879	City WAKEFIELD	State RI Zip 02879
8. 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 LYNNE BEYAN APPS		Director Name H. HARRIS BAILEY	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State Zip	City	State Zip
Director Name ANDRESS MOYAL BELL		Director Name BRIAN BELL	
Street Address SAME AS ABOVE		Street Address SAME AS ABOVE	
City	State Zip	City	State Zip
9. 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 LYNNE B. APPS		Date MAY 23 2018	
Signature of Officer/Authorized Representative LYNNE BEYAN APPS			

SIGN HERE **FILED**

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

MAY 23 2018

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