



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

Annual Report for the year: 2018
 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.

1. Entity ID Number 000028822		2. Exact name of the Corporation QUONOHONTAUG EAST BEACH ASSOCIATION	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island COMMUNITY BEACH NEIGHBORHOOD ORGANIZATION	
4. NAICS Code 813319			
6. Principal Office Address 281 EAST BEACH RD		City CHARLESTOWN	State RI
		Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name BRUCE BRIGHAM		Vice-President Name MICHAEL RIZZO	
Street Address 321 EAST BEACH RD		Street Address 12 BUDDINGTON RD	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
			State RI
			Zip 02813
Secretary Name ARTHUR GANZ		Treasurer Name CAROLLYNNE WEIDLER	
Street Address 281 EAST BEACH RD		Street Address 375 EAST BEACH RD	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
			State RI
			Zip 02813
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 WILLIAM STEINMAN		Director Name JOHN BEHAN	
Street Address 56 OVERLOOK RD		Street Address 300A EAST BEACH RD	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
			State RI
			Zip 02813
Director Name LEO MAINELLI		Director Name PATRICK GRIFFIN	
Street Address 151 SUNSET DR		Street Address 6 MIDLAND RD	
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN
			State RI
			Zip 02813
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative ARTHUR GANZ, SECRETARY			Date 6/1/2018
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

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JUN 04 2018

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ADDITIONAL DIRECTORS (OVER) →

ADDITIONAL DIRECTORS QEBA 2018

ROD HOHL 200 EAST BEACH RD CHARLESTOWN RI 02813

CARRIE SINDELAR 3 BUDDINGTON RD CHARLESTOWN RI 02813

RHOND MESENBURG 62 UPLAND RD CHARLESTOWN RI 02813

ROBERT SANTY 129 EAST BEACH RD CHARLESTOWN RI 02813