



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 44563		2. Exact name of the Corporation Ocean-N-Land Beach Club Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Beach Club Association			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 60 Walden Way		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mr. Kenneth Lamb		Vice-President Name Mr. Jon Hagopian			
Street Address 3548 D Commodore Perry Highway		Street Address 3548 B Commodore Perry Highway			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mrs. Mary E. O'Rourke		Treasurer Name None			
Street Address 60 Walden Way		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
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 Mr. David Bellino		Director Name Mr. Ken Pelletier			
Street Address 260 Walden Way		Street Address 56 Emerson Way			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Mr. John Blair		Director Name None			
Street Address 42 Emerson Way		Street Address			
City Wakefield	State RI	Zip 02879	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.					
<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 Mary E. O'Rourke				Date 6/2/2018	
Signature of Officer/Authorized Representative <i>Mary E. O'Rourke</i>					

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

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