

Check No.

FOR SECRETARY OF STATE USE ONLY

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 73610 Breach Drive Beach Inc. 3. Street Address Principal Business Office State 6 SIC Code 5. State of Incorporation 7245 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island DEAL IN REAL ESTATE. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name Somi Street Address State Street Address City OONI☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Street Address UTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 43 200 NO PAR VALUE wa This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, 1 including any accompanying schedules and statements, and that all statements if contained herein are true and correct File Date

Print or Type Name of Office

Title of Officer

Form 630 Rev. 12/03



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

401.222.3040 Matthew A. Brown, Secretary of State 2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filling Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 73610 Breach Drive Beach Inc. State 3. Street Address Principal Business Office 07801 5. State of Incorporation 4 Business Phone No 7245 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN RÉAL ESTATE. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Nam President Name City State Z.ip Sircei Address Street Address City OOIII☐ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value U٥ 200 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 pure and correct. File Date Print or Type Name of Officer

Title of Officer

Form 630 Rev. 12/03

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence. RI 02903-1335

Zip

401-222-3040

#### PΙ FII

	RPORATION ANNUAL uary 1-March 1 • Filing Fee: \$5		YEAR 2003	STOI PLEASE REA INSTRUCTIO
(FORM MUST BE TYPED OR	PRINTED IN BLACK)			
1. Corporate ID No.	2. Name of Corporation			
73610	Breach Drive Beach Inc.			
3. Street Address Principal Bu	siness Office	City	State	Zip
1. 0			01	A10A1

73610	Breach Drive Beach Inc.			
1. Street Address Principal Business Offic	e e	City	State	ZIp
41 PIERCE	ST.	WESTERly	R.I.	0289
f. Business Phone No.	5. State of Incorp	poration		6. SIC Code
401-596-1684	RHODE IS	SLAND		7245
7. Brief Description of the Character of B	usiness Conducted in Rhode Island			
B. NAMES AND ADDRESSES	OF THE OFFICERS ("X" BOX FOR	R ATTACHMENT) FILL IN SPACES B	EFORE USING ATT/	ACHMENTS
President Name		Vice President Name		
PETER	BARDY			
Street Address	•	Street Address		

Secretary Name	•		Treasurer Name		
LOSEPH	B. Tu	2AHO	SAN.	F	
Street Address			Street Address		
41 Pie	rce st		*		
City	State	Zip	City	State	Zip
1455150 4	K. I.	02891			

WESTER14 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Director Name

MICHAGI BOUCHDED BORMAN NORBERT Street Address So. Glaston Bung CT CHURCH

HYDE TED COCCA Street Address

BUNKER AVE BREDOH State CT. 0289, MERIDEN

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES AUTHORIZED SHARES Class/Series Class/Series Par Value Number of Shares Number of Shares

40 200 NO PAR VALUE OHE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

	* 7 3 6 1 0 *
File Date:	9-8-03
Ву:	<u> </u>
FOR SECRETARY C	OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, ar
that all statements contained herein are true and correct.

State

Signature of Officer	ang 1.03
Signature of Officer	Date
LOSEPH B. TURPA	10
Print or Type Name of Officer	
Sec too	

Ferm 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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PROFIT CORPORATION Filing Period: January 1-March 1 •	ANNUAL REF	ORT FOR THE	YEAR 200	PIJ ASI
FORM MUST BE TYPED IN BLACK)				
. Corporate ID No. 2. Name of Corporat	lon	<del></del> - · · ·		
73610 Breach Drive	Beach Inc.		•	
. Street Address Principal Business Office		"City WESTER14	State > ++	Zip
P.O. Box 436		W 651 18/214	14.6	02891
. Business Phone No.	5. State of Incorporation			<sup>1</sup> 6. SIC Code <b>7245</b>
401-576- 1.684	RHODE ISLAND	•		1273
. Brief Description of the Character of Business Conducted in ${\it Paiv}$ , ${\it 3GR}$				
NAMES AND ADDRESSES OF THE OFFI		MENTI ( FILL IN COACEC DE	FEORE LISING ATTAC	HMENTS
i. NAMES AND ADDRESSES OF THE OFFI resident Name	GERS LA BUX FUR ALLACE	Vice President Name	LI ONE USING AT INC	58174 L.1 7 8 47
POTER BARDY		•		
trant Address	<b>.</b>	- Street Address		
245 STRAFFOD	Rd.	•		
State State	Zip	City	State	Zip
Someras CT	Zip 06071			
reretary Name		Treasurer Name	***************************************	
LOSGPH B TO	RAND.	: E SANG	•	
treet Address		Street Address		
41 MERCE ST	£	•		
WESTERly R. I	<sup>'zip</sup> 02891	City	,State	Zip L
		Control Control	DECORP LICING ASS	CUMENTS
NAMES AND ADDRESSES OF THE DIRE	CIORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENIS
NORMAN NORBE	RT	Michae	sl Bouch	torp
treet Address		Course Addison		
	-	· 8 wo	OD LAND	ST
147 CHURCH ST	Zip			
HADDAM CT	106438	SO. GlAS TON B	MY CT	06073
Director Name		Director Name		•
TED COCCA		: WM. HY	105.	
treet Address		Street Address		
42 BREACH PRI		230 BUN	rea AVE.	
State	Zip	City MERIOEM	State	06 \$ 50
WUSTERLY RI	02891	• • • • • • • • • • • • • • • • • • • •		
O. SHARES AUTHORIZED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT	<sup>r)</sup> -· ·-
UTHORIZED SHARES		ISSUED SHARES	**********	10
lumber of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE		40	ONE	1 140
		<u> </u>		, , , , ,

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:	
	FEB 0 5 2002
Check No.:	<u>.</u>
	By@ M 280342
Pu-	12000

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-133. 401-222-304-

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001-2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ

FORM MUST BE TYPED IN BLACK)				·	
··· = · • · · · · · · · · · · · · · · ·	Corporation	0 = 1 =	3-044	~	
73610	BREACH		BEAULT :	<del>,</del>	
3. Street Address Principal Business Office 41 PIERCE ST		City	SSTE1214	State T.	2ip 02891
4. Business Phone No.	5. State of Inc	corporation		<u></u>	6. SIC Code
4. Business Prione No. 401-596-1684		RHODE :	ISLAND		
7. Brief Description of the Character of Business Co	nducted in Rhode Island			- <del></del>	.1.
PRIVATE BEAG	CH PRONT	(ROFFRI	4. FOR ME	M136125 01	V19.
8. NAMES AND ADDRESSES OF TH	E OFFICERS ("X" BOX F			DRE USING ATTACHM	IENIS.
President Name	204	vice me	rident Name PETE	12 TURAY	<i>t</i>
Street Address		Street Ac	309 1	+16H ST	
43 BARRIS  STRINGFIEID MA	5S Zip	oq City	UESTERly	State 7. I	0 > FG1
Secretary Name  105E 17+ 13.		Treasure	LOSEPI-	+ 13. TUD.	4 H D
Screet Address 41 PIG26		Street Ai	dilense	E2657	
WESTERLY State		SG/ City	NESTERLY	State 2.I	02891
9. NAMES AND ADDRESSES OF TH	E DIRECTORS ("X" BO	X FOR ATTACHMENT)	☐FILL IN SPACES BI	EFORE USING ATTACI	IMENTS
Director Name TED COCC	A	. Director		EL BOU	L 1+1720
Street Address 42 13,284	cu Drive	Street A	43 it	UBBARD	\$r
WESTEIZLY State P	· I 028	591 City O	laston Buzy	CT.	06033
Director Name  NOTZMAN	JORBERT	Director	Name		
Street Address 147 CHURC		2' IV & Street A	ddress		
HADDAR C	T 2ip 06 4	38 · City		State	Zip
10. SHARES AUTHORIZED (*X* BOX	FOR ATTACHMENT)	11. St	HARES ISSUED (*X* B	OX FOR ATTACHMENT)	ם
AUTHORIZED SHARES		ISSUED S	SHARES	<del></del>	<del> </del>
Number of Shares Class/Ser	ies Par Value	Number	of Shares	Class/Series	Par Value
200 5 5)	15 No	PAR VALUE	NONE		
This report must be signed in ink	by either the Preside	ent, Vice Presiden	t, Secretary, Assistar	nt Secretary, Treasure	r, Receiver or Trust

File Date:	10.30.01
Check No.:	1152
CHEEK 140.;	Zu

Under penalty of perjuty, 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.

	Pasc	pla	157	usa	v
Signature of					1)
レノ	1	~ ^		-	_

Print or Type Name of Officer

Sect Tresurce

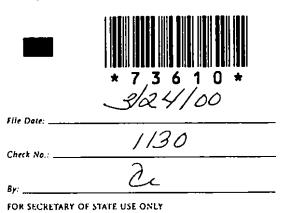
Title of Officer

2.30 13.00

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORP			ORT FOR THE	YEAR <u>2000</u>	PHASERIA INSTRUCTION
(FORM MUST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corporation				
73610	Breach Drive	Beach Inc.			
3. Street Address Principal Business			City	State R.I	Zip
41 Pre	erce st		WESTERly	/4·1	02891
4. Business Phone No. 401-576-161	84	5. State of Incorporation  RHODE ISLAND			6. SIC Code 7245
7. Brief Description of the Characte PRIVATE	r of Business Conducted in Rhi ららっている。	ode Island			
8. NAMES AND ADDRES	SSES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF	ORE USING ATTACHM	ENTS
President Name GETER	BARDY		Vice President Name  867614 6.	TURAHO JR	
Street Address	RISON ST		Street Address 309 H	IRA ST	
SPRINGFIELD		zip 01109	WESTERLY	State R. I.	21p 02891
Secretary Name	B. TURAHE	•	Treasurer Name	B. TURANO	
•	CE ST	•	Street Address 41 Pi & DC		
			•		
WESTER 4.	State -	<sup>210</sup> 02891	City WESTERLY	State 2.x.	zip 02891
9. NAMES AND ADDRES	SSES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS
Director Name	CCA		Director Name MICHAE	BOUCHAZD	
Street Address 4 L Be	EACH PRIV	e	Street Address 43 Hu	BBARD IT	
WESTERLY		02491	GLASTON BURY	State CT.	06033
Director Name	L NORBEA	•	Director Name		
Street Address			Street Address		
147 CI	HURCH Hill	DRIVE			
City HADDAM	State CT	Zip 06438	City	State	ZIp
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X" E	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 SHS NO PAR V	/ALUE		NONE		Ho PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Jorest	B. V	urano	3-1-200	2
Sterature of Officer			Date	_
· · · · · · -	. 6	<del></del>	_	

COSEPH 13. Print or Type Name of Officer

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BL	ACK)					
. Corporate ID No. 73610	2. Name of Corporation  Breach Drive				• .	+
. Street Address Principal Busines			City		State	Zip
POBOX	436		WESTER	لالما	RI	02891
Business Phone No.		5. State of Incorporation				6. SIC Code
401 $5$ 96 l Brief Description of the Charact	•	RHODE ISLAND		-		7245 
Brief Description of the Charact		RIVATE BE	EACH			
. NAMES AND ADDRE			· · · · · · · · · · · · · · · · · · ·	ACES BEFO	RE USING ATTA	CHMENTS
rsident Name			Vice President Name			
PETER 15	ACDY		Street Address	೦೧೯ -		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	TAFFORD T	Z3D ,	Street Address			
ty .	State	Zip	City		State	Zip
SOMERS	C T	06071		*****		
cretary Name	PH TURAL	٠, ١, ١	Treasurer Name	c .	_	
reet Address	H IORAL	20 <del></del>	Street Address	SAM	E.	•
	ERCE S-	π.				
ty	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip
WESTERLY	スエ	62891		OR LOSS RES	ORE USING AT	A CHIP CENTRE
. NAMES AND ADDRE	SSES OF THE DIREC	TORS ("X" BOX FOR ATTAC.	HMENT) FILL IN  Director Name	SPACES BEF	UKE USING AT	ACHMENIS
NORMAU	NORBER-	Τ	MICHA	AEL I	BOUCHA	<b>6</b> 20
eet Address		•	Street Address		~	
	JURCH ST	7:-	city 8 kda	ODLAU:	المرح و	Zip
HADDAM	State	<sup>Zip</sup> 06438	So, GLASTO			•
irector Name		06438	Director Name			06430
TED	COCCA		WM. H	AYDE	• •	
eet Address	EACH DR.		Street Address			
42 112	State 1/2.	Zip	230 B	ULKER	State	' Zip
WESTER	LY R.I	** 02 <b>8</b> 91	MERIDI	EN	CT	06450
). SHARES AUTHORIZ	ED ("x" box for attac	CHMENT)	11. SHARES ISS	UED ("X" BO	X FOR ATTACHMEN	
JTHORIZED SHARES			ISSUED SHARES			
umber of Shares	Class/Series	Par Value	Number of Shares		Cluss/Series	Par Value
200 SHS NO PAR V	ALUE		40		ONE	No
			, , , ,	•		
<u> </u>						
is report must be <b>sig</b>	<b>ned in ink</b> by eithe	er the President, Vice Pr	esident, Secretar	y, Assistant	Secretary, Trea	surer, Receiver or Tru
I [ <b>81</b> 1]	!! ! <b>@@@@</b> {!!! <b>!</b> @!!@  !! <b>@!! ¶@</b> !	<b>    </b>				



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Title of Officer

Print or Type Name of Officer



Number of Shares

200 SHS NO PAR VALUE

Class/Series

James R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-227-3040

PROFIT CORP			17	YEÄR <u>199</u>	STOP PLEASE READ INVIRECTIONS
(FORM MUST BE TYPED IN BL	ICK)		3019 6 5		
1. Corporate ID No. 73610	2. Name of Corporation Breach Drive				
3. Street Address Principal Business	Office	_ ,	City	State	Zip
4. Business Phone No.  A01 596	436 WESTER 1684	S. State of Incorporation RHODE ISL	n	R.I	02.891 6. SIC Code 7245
7. Brief Description of the Characte	r of Business Conducted in R	hode Island		<u> </u>	
		. BEACH			
8. NAMES AND ADDRES	SES OF THE OFFICE	RS ("X" BOX FOR ATT	· ·		
PETER	BARBY		Vice President Name	<u> </u>	
Street Address	· · · · ·	2⇒.	Street Address		
SOMERS	State CT.	06071	City	State	Zip
	Tueano		Treasurer Name	<u>.</u>	
	RCE ST.		Street Address		
WESTERLY	!	oz.891	Clty	State	Zip
9. NAMES AND ADDRES	SES OF THE DIREC	TORS ("X" BOX FOR A			
Director Name	4 NORBER	Τ	Director Name MICHAEL	BOUCHARE	
Street Address	JURCH ST.	1.5 4	Street Address 8 WOODLA	us St.	
HADDAM	State Count.	06438	So. GLASTON BU	State	D6073
Director Name TRAD Co	CLA	······································	Director Name		••••••••••
Street Address 42 B	REACH DO	L.	Street Address 230 BUNKE	_	
City	State	) Zip	City	State	Zip
WESTERLY		OZBRI	MERIDEL	CONH.	96450
10. SHARES AUTHORIZE AUTHORIZED STARES	D CAT BOX FOR ALLYCI	TMEN I / 1/2	11. SHARES ISSUED (*X*	LUX FOR ATTACHMENT)	<del>-</del>
· · · · · · · · · · · · · · · · · · ·			1		

Number of Shares

40

Class/Series

ONE

Par Value

NO

is report must be signed in ink by either the Preside	it, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
* 7 3 6 1 0 *	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.
The Date:	Signifiure of Officer Date Date
OR SECRETARY OF STATE USE ONLY	JEC, TREASURER DIMENTE OF OFFICE OF B. TURAHO



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 73610 Breach Drive Beach Inc. 3. Street Address Principal Business Office Zip State 309 HIGH ST 9850 6. SIC Code 4. Business Phone No. 7245 401) 596-5138 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island PRIV BEACH 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) President Name Vice President Name ETER G. TURALO YETER BARD Street Address City MESTERLY Treasurer Name Secretary Name Street Address ERCE E City 02891 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name NORMAN NORBERT City City GLAS Director Name 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Class/Series 200 SHS NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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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.

PETER G TURANO JR Print or Type Name of Officer

YRESIDENT

Title of Officer

### PROFIT CORPORATION **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing F	ee:	\$50.00
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1. CORPORATE (D MO. 2. NAME OF CORPORATION
Literature of the Control of the Con
73610 Breach Drive Beach Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE
309 HIGH STERLY R.I OZBAI
DUODE TOLEND
(Aoi) 596-5138   1/240
7. BRIST DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RINODE ISLAND
PRIVATE BEACH
8. NAMES AND ADDRESSES OF THE OFFICERS VICE PRESIDENT NAME
TETER G. TURANO JR. PETER BARDY STREET ADDRESS
309 HIGH ST. A3 BARRISON ST.
309 HIGH ST. AS BARRISON ST.
MESTERLY R.I 02891 SPRINGFIELD MASS. 00109
TOSEPUB. TURQUO STREET ADDRESS SAME
STREET ADDRESS
AI PIERCE ST  OTY  WESTERLY R.T. OZB91  STATE DEPCODE  OZB91
WESTERLY R.I OZBAI
9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME ORECTOR NAME
MORNAU NORBERT MICHAEL BOUCHARD
147 CHURCH ST JP COOK GIV JSTATE JZP COOK
HADDAM CONS 06438 GLASTOSBURY CONS 06033
DIRECTOR HAME
TED COCCA WM HYDE
42 BREACH DR. 730 BUNKER AV.
10. SHARES AUTHORIZED AND ISSUED
AUTHORIZED SHARES , ISSUED SHARES  MUMBER OF SHARES CLASS / SERIES PAR VALUE . NUMBER OF SHARES CLASS / SERIES PAR VALUE
TANTOUR INFORMATION OF THE PART OF THE PAR
200 SHS NO PAR VALUE 38 OUE NO

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: Check No: By:

Print or Type Name of Officer

KRESIPEUT Title of Officer

Signature of Officer

### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street

Providence, Rhode Island 02903-1335 401-277-3040

#### ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

Q073610 Corporate ID:	Annual Report for the year:
Name of Corporation:Breach Drive Beach	·
Business entity organized under the laws of the State of:  For foreign entity, address and telephone number of principal office:	Business Entity is (check one):  [ V Business Corporation (See RIGL Chapter 7-1.1)  [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: ( )	Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	PRIVATE BEACH
MESTERLY R.T 0289/	
Phone: (401) 596-5/38	
THE NAMES OF	F THE OFFICERS ARE:
PRESIDENT	ET ADDRESS CITY/STATE ZIP CODE
VICE PRESIDENT STREET	HIGHST WESTERLY R.I OZBOI CHADDRESS CHYSTATE ZIPCODE
YETER BARDY 43 BARD STREET	CITYSTATE ZIP CODE  ZIP CODE  ZIP CODE  ZIP CODE  ZIP CODE
TREASURER STREE	ET ADURESS CITY/STATE ZIP CODE
JOSEPH B. TURANO 41 PIE	THE DIRECTORS ARE:
NAME STREE	ET ADDRESS CITY/STATE ZIP CODE.
TEP COCCA AZ BREG	CITYSTATE ZIPCODE
	CI HILL PD HADDAN CT 06438 CITY/STATE CITY/STATE
MICHAEL BOUCHARD 43 H	UBBARDST GLASTONBURY CHH. 06033
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares 200 Class / Series ONE No PAR	Number of Shares Class / Series
Date 1 5 9 By:	
<u></u>	PETER G. TURANO JR
	OF OFFICER SIGNING PRESIDENT.
DESIGNATED REGISTERED	AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated by	

PETER G. TURANO, JR. 309 HIGH STREET WESTERLY

RI 02891

50 d # 1059

#### PLEASE TYPE or PRINT

File Annually LLC, Sept. 1 - Nov. 1 CORP, Jan. 1 - March 1

#### State of Rhode Island and Providence Plantations Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	Annual Report for the year:
Name of Business Entity:	Breach Drive Beach Inc.
Business entity organized under the laws of the State of.  Federal Taxpayer Identification Number:  For foreign entity, address and telephone number of principal office:	Business Entity is (check one)  [
	Name, title and mailing address of contact person to whom communications may be directed:  Peter G. Turano Ja
Phone: ()  Address and telephone of the principal office of business entity in Rhode	LESTERLY RI 02841
Island (Provide street address - Not P.O. Box):  309 LICH ST  15575844 R.J. 02881	Brief statement of the character of business conducted in Rhode Island  PRIVATE BEACH
Phone: (401) 576-5738	Date of Organization: 82393  Date of Qualification to do business in Rhode Island (if foreign entity):
PETER G. TURANO JR. 309	FTHE OFFICERS ARE:  ETABLIST LESTERLY R.T. 02891  ETABLIST SPRINGFIELD MASS 01109  ETABLISS SPRINGFIELD MASS 21PCOCH
	PIECE ST WESTERLY R.I. 02891
THE NAMES OF STREET	THE DIRECTORS ARE:
TED COCCA 42 BR	- 11
	PCLL HILL KD 1-1ADDAM CT 06438 ETADDRESS SERD ST GLASTONBURY CT. 06033
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 200	NUMBER 35
CLASS DUE CLOSS (COMMON)	CLASS ONE CLASS (COMMON)
SERIES U/A	SERIES LI/A
PAR VALUE OR WITHOUT PAR O	WITHOUT PAR
Date	Clas. Tumble
PRIS	PETER G. TURALO TO
TITU	EOF OPPICER SIGNING
Form 31 1794	

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filed.

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PETER G. TURANO, UR. 309 HIGH STREET WESTERLY RI 02691

