



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. 73610		2. Name of Corporation Breach Drive Beach Inc.			
3. Street Address Principal Business Office 41 Pierce St		City Westerly		State RI	Zip 02891
4. Business Line No. 401-596-1684		5. State of Incorporation RHODE ISLAND			6. SIC Code 7245
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN REAL ESTATE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Horvath			Vice President Name Same		
Street Address Breach Drive			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Beate DuMarchel			Treasurer Name Same		
Street Address 31 Johnson St			Street Address		
City Newington	State CT	Zip 06111	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Allen DuMarchel			Director Name Tom Retano		
Street Address 31 Johnson St			Street Address 21 Patrick St		
City Newington	State CT	Zip 06111	City Berlin	State CT	Zip 06037
Director Name George Kelly			Director Name Teal Cocco		
Street Address 103 Talkham Hill Rd West			Street Address 42 Breach Drive		
City Springfield	State MA	Zip 011089	City Westerly	State RI	Zip 02891
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE			43	OHE	none

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



File Date FILED  
Check No. MAR 14 2005  
By: Beate DuMarchel  
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 that all statements contained herein are true and correct.

Signature of Officer Beate DuMarchel Date 2/28/05  
Print or Type Name of Officer Beate DuMarchel  
Title of Officer Sec. / Treasurer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>73610</b>		2. Name of Corporation <b>Breach Drive Beach Inc.</b>		
3. Street Address Principal Business Office <b>41 Pierce St</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>401-596-1684</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7245</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DEAL IN REAL ESTATE.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>John Horvath</b>		Vice President Name <b>John Horvath</b>		
Street Address <b>186 Field St</b>		Street Address		
City <b>Somers</b>	State <b>CT</b>	Zip <b>06071</b>	City	State
Secretary Name <b>Beate DuMarchel</b>		Treasurer Name <b>Beate DuMarchel</b>		
Street Address <b>31 Johnson St</b>		Street Address		
City <b>Newington</b>	State <b>CT</b>	Zip <b>06111</b>	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Allen DuMarchel</b>		Director Name <b>Tom Retano</b>		
Street Address <b>31 Johnson St</b>		Street Address <b>21 Patrick Dr.</b>		
City <b>Newington</b>	State <b>CT</b>	Zip <b>06111</b>	City <b>Berlin</b>	State <b>CT</b>
Director Name <b>George Kelly</b>		Director Name <b>Paul Cocca</b>		
Street Address <b>103 Toltham Hill Rd West</b>		Street Address <b>42 Breach Dr.</b>		
City <b>Springfield</b>	State <b>MA</b>	Zip <b>01108</b>	City <b>Westerly</b>	State <b>RI</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>200 NO PAR VALUE</b>			<b>43</b>	<b>ONE</b>
				<b>00</b>

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



\* 7 3 6 1 0 \*

File Date 3/1/04  
Check No. 1180  
By: SC

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 that all statements contained herein are true and correct.

Signature of Officer Beate DuMarchel Date 2/1/04  
Print or Type Name of Officer Beate DuMarchel  
Title of Officer Secretary/Treasurer



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

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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **73610** 2. Name of Corporation **Breach Drive Beach Inc.**  
3. Street Address Principal Business Office **41 PIERCE ST.** City **WESTERLY** State **R.I.** Zip **02891**  
4. Business Phone No. **401-596-1684** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **PETER BAROY** Vice President Name  
Street Address **245 STAFFORD RD.** Street Address  
City **SOMERS** State **CT** Zip **06071** City State Zip  
Secretary Name **JOSEPH B. TURANO** Treasurer Name **← SAME**  
Street Address **41 PIERCE ST** Street Address  
City **WESTERLY** State **R.I.** Zip **02891** City State Zip

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

Director Name **NORMAN NORBERT** Director Name **MICHAEL BOUCHARD**  
Street Address **147 CHURCH ST** Street Address **8 WOODLAND ST**  
City **HADDAM** State **CT** Zip **06438** City **90. GLASTONBURY CT** State Zip **06073**  
Director Name **TED COCCA** Director Name **WM. HYDE**  
Street Address **42 BREACH DRIVE** Street Address **230 BUNKER AVE**  
City **WESTERLY** State **R.I.** Zip **02891** City **MERIDEN** State **CT.** Zip **06450**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**40 ONE NO**

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



\* 7 3 6 1 0 \*

File Date: **9-8-03**  
**1174**  
Check No.:  
By: **ac**

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 that all statements contained herein are true and correct.

Signature of Officer **JOSEPH B. TURANO** Date **Aug 1. 03**

Print or Type Name of Officer **JOSEPH B. TURANO**

Title of Officer **Sec. Treasurer**





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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

P.O. Box 436

City

WESTERLY

State

R.I.

Zip

02891

4. Business Phone No.

401-546-1684

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7245

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) (FILL IN SPACES BEFORE USING ATTACHMENTS)

President Name

PETER BARDY

Vice President Name

Street Address

245 STRAFFORD RD.

Street Address

City

SOMERS

State

CT

Zip

06071

City

State

Zip

Secretary Name

JOSEPH B TURANO

Treasurer Name

SAME

Street Address

41 PIERCE ST

Street Address

City

WESTERLY

State

R.I.

Zip

02891

City

State

Zip

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

Director Name

NORMAN NORBERT

Director Name

MICHAEL BOUCHARD

Street Address

147 CHURCH ST

Street Address

8 WOODLAND ST

City

HADDAM

State

CT

Zip

06438

City

SO. GLASTONBURY

State

CT

Zip

06073

Director Name

TED COCCA

Director Name

WM. HYDE

Street Address

42 BREACH DRIVE

Street Address

230 BUNKER AVE.

City

WESTERLY

State

R.I.

Zip

02891

City

MERIDEN

State

CT

Zip

06850

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

40

ONE

1.40

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



\* 7 3 6 1 0 \*

FILED

File Date: FEB 05 2002

Check No.: BY 280342

By: \_\_\_\_\_

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 that all statements contained herein are true and correct.

20. NY 65 01

Signature of Officer

Joseph B. Turano

Date

1-21-02

3115 30

SEC. TREASURER

Signature of Officer

JOSEPH B. TURANO

Stamp



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1331  
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001-2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>73610</b>		2. Name of Corporation <b>BREACH DRIVE BEACH INC</b>			
3. Street Address Principal Business Office <b>41 PIERCE ST</b>			City <b>WESTERLY</b>	State <b>R.I.</b>	Zip <b>02891</b>
4. Business Phone No. <b>401-596-1684</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PRIVATE BEACH FRONT PROPERTY. FOR MEMBERS ONLY.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
President Name <b>PETER BARDY</b>			Vice President Name <b>PETER TURANO</b>		
Street Address <b>43 BARRISON ST</b>			Street Address <b>309 HUBBARD ST</b>		
City <b>SPRINGFIELD</b>	State <b>MASS</b>	Zip <b>01109</b>	City <b>WESTERLY</b>	State <b>R.I.</b>	Zip <b>02891</b>
Secretary Name <b>JOSEPH B. TURANO</b>			Treasurer Name <b>JOSEPH B. TURANO</b>		
Street Address <b>41 PIERCE ST</b>			Street Address <b>41 PIERCE ST</b>		
City <b>WESTERLY</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>R.I.</b>	Zip <b>02891</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>TED COCCA</b>			Director Name <b>MICHAEL BOULHARD</b>		
Street Address <b>42 BREACH DRIVE</b>			Street Address <b>43 HUBBARD ST</b>		
City <b>WESTERLY</b>	State <b>R.I.</b>	Zip <b>02891</b>	City <b>WILSON BURY</b>	State <b>CT.</b>	Zip <b>06033</b>
Director Name <b>NORMAN NORBERT</b>			Director Name		
Street Address <b>147 CHURCH HILL DRIVE</b>			Street Address		
City <b>HADDAM</b>	State <b>CT</b>	Zip <b>06438</b>	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>200 <del>SHS</del></b>	<b>SHS</b>	<b>NO PAR VALUE</b>	<b>NONE</b>		

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: 10.30.01  
Check No.: 1152  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer Joseph B. Turano Date \_\_\_\_\_  
Print or Type Name of Officer JOSEPH B. TURANO  
Title of Officer Secy. Treasurer



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

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **73610**  
2. Name of Corporation **Breach Drive Beach Inc.**  
3. Street Address Principal Business Office:  
**41 PIERCE ST**  
4. Business Phone No. **401-546-1684**  
5. State of Incorporation **RHODE ISLAND**

City **WESTERLY** State **R.I.** Zip **02891**  
6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island

**PRIVATE BEACH.**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **PETER BARDY**  
Street Address **43 BARRISON ST**  
City **SPRINGFIELD** State **MA.** Zip **01109**  
Secretary Name **JOSEPH B. TURANO**  
Street Address **41 PIERCE ST**  
City **WESTERLY** State **R.I.** Zip **02891**

Vice President Name **PETER G. TURANO JR**  
Street Address **309 HIGH ST**  
City **WESTERLY** State **R.I.** Zip **02891**  
Treasurer Name **JOSEPH B. TURANO**  
Street Address **41 PIERCE ST**  
City **WESTERLY** State **R.I.** Zip **02891**

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **TED COCCA**  
Street Address **42 BREACH DRIVE**  
City **WESTERLY** State **R.I.** Zip **02891**  
Director Name **NORMAN NORBERT**  
Street Address **147 CHURCH HILL DRIVE**  
City **HADDAM** State **CT** Zip **06438**

Director Name **MICHAEL BOUCHARD**  
Street Address **43 HUBBARD ST**  
City **GASTONBURY** State **CT.** Zip **06033**  
Director Name  
Street Address  
City State Zip

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 SHS NO PAR VALUE**

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE** **NO PAR VALUE.**

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



\* 7 3 6 1 0 \*

**3/24/00**

File Date: **1/30**

Check No.: **2**

By: \_\_\_\_\_

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 that all statements contained herein are true and correct.

**Joseph B. Turano** **3-1-2000**  
Signature of Officer Date

**JOSEPH B. TURANO**  
Print or Type Name of Officer

**Sec - Treasurer.**  
Title of Officer



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

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 BLACK)

1. Corporate ID No. <b>73610</b>		2. Name of Corporation <b>Breach Drive Beach Inc.</b>	
3. Street Address Principal Business Office <b>P.O. Box 436</b>		City <b>WESTERLY</b>	State <b>RI</b>
4. Business Phone No. <b>401 596 1684</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>7245</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PRIVATE BEACH</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>PETER BARDY</b>		Vice President Name <b>NONE</b>	
Street Address <b>245 STAFFORD RD.</b>		Street Address	
City <b>SOMERS</b>	State <b>CT.</b>	City	State
Zip <b>06071</b>		City	State
Secretary Name <b>JOSEPH TURANO</b>		Treasurer Name <b>SAME</b>	
Street Address <b>41 PIERCE ST.</b>		Street Address	
City <b>WESTERLY</b>	State <b>RI</b>	City	State
Zip <b>02891</b>		City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>NORMAN NORBERT</b>		Director Name <b>MICHAEL BOUCHARD</b>	
Street Address <b>147 CHURCH ST</b>		Street Address <b>8 WOODLAND ST</b>	
City <b>HADDAM</b>	State <b>CT.</b>	City <b>SO. GLASTONBURY</b>	State <b>CT.</b>
Zip <b>06438</b>		Zip <b>06450</b>	
Director Name <b>TED COCCA</b>		Director Name <b>WM. HYDE</b>	
Street Address <b>42 BREACH DR.</b>		Street Address <b>230 BULKER AV.</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>MERIDEN</b>	State <b>CT.</b>
Zip <b>02891</b>		Zip <b>06450</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>200 SHS NO PAR VALUE</b>		<b>40</b>	<b>ONE</b>
			<b>NO</b>

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



File Date: 02-05-99

Check No.: 1117

By: JD

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 that all statements contained herein are true and correct.

Signature of Officer Joseph Turano Date 2-2-99  
Print or Type Name of Officer **JOSEPH TURANO**  
**SEC. TREASURER**  
Title of Officer **SEC. TREASURER**



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

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



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>73610</b>		2. Name of Corporation <b>Breach Drive Beach Inc.</b>	
3. Street Address Principal Business Office <b>P.O. Box 436 WESTERLY R.I. 02891</b>		City <b>WESTERLY</b>	State <b>R.I.</b>
4. Business Phone No. <b>401 596 1684</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. SIC Code <b>7245</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PRIV. BEACH</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>PETER BARRY</b>		Vice President Name <b>NONE</b>	
Street Address <b>245 STAFFORD RD.</b>		Street Address	
City <b>SOMERS</b>	State <b>CT.</b>	City	State
Zip <b>06071</b>		Zip	
Secretary Name <b>JOSEPH TURANO</b>		Treasurer Name <b>SAME</b>	
Street Address <b>41 PIERCE ST.</b>		Street Address	
City <b>WESTERLY</b>	State <b>R.I.</b>	City	State
Zip <b>02891</b>		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>NORMAN NORBERT</b>		Director Name <b>MICHAEL BOUCHARD</b>	
Street Address <b>141 CHURCH ST.</b>		Street Address <b>8 WOODLAND ST.</b>	
City <b>HADDAM</b>	State <b>CONN.</b>	City <b>SO. GLASTONBURY</b>	State <b>CONN.</b>
Zip <b>06438</b>		Zip <b>06073</b>	
Director Name <b>TED COCCA</b>		Director Name <b>WM HYDE</b>	
Street Address <b>42 BREACH DR.</b>		Street Address <b>230 BUNKER AV.</b>	
City <b>WESTERLY</b>	State <b>R.I.</b>	City <b>MERIDEN</b>	State <b>CONN.</b>
Zip <b>02891</b>		Zip <b>06450</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>200 SHS NO PAR VALUE</b>	Class/Series	Number of Shares <b>40</b>	Class/Series <b>ONE</b>
Par Value		Par Value <b>NO</b>	

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



\* 7 3 6 1 0 \*

File Date: 7/2/98  
Check No.: 1105  
By: GMA  
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 that all statements contained herein are true and correct.

Signature of Officer: Joseph B. Turano Date: JUNE 29. 98  
SEC. TREASURER  
Print or Type Name of Officer: JOSEPH B. TURANO  
Title of Officer:



## 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. <b>73610</b>	2. Name of Corporation <b>Breach Drive Beach Inc.</b>		
3. Street Address Principal Business Office <b>309 HIGH ST.</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
4. Business Phone No. <b>(401) 596-5138</b>	5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>7245</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PRIV BEACH</b>			

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>D</b>			
President Name <b>PETER G. TURANO JR.</b>		Vice President Name <b>PETER BARDY</b>	
Street Address <b>309 HIGH ST.</b>		Street Address <b>43 BARRISON ST.</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>SPRINGFIELD</b>	State <b>MASS</b>
Zip <b>02891</b>		Zip <b>00109</b>	
Secretary Name <b>JOSEPH B. TURANO</b>		Treasurer Name <b>SAM</b>	
Street Address <b>41 PIERCE ST.</b>		Street Address	
City <b>WESTERLY</b>	State <b>RI</b>	City	State
Zip <b>02891</b>		Zip	

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>C</b>			
Director Name <b>NORMAN NORBERT</b>		Director Name <b>MICHAEL BOUCHARD</b>	
Street Address <b>147 Church St.</b>		Street Address <b>43 HUBBARD ST.</b>	
City <b>HADDAM</b>	State <b>CONN.</b>	City <b>GLASTONBURY</b>	State <b>CONN</b>
Zip <b>06438</b>		Zip <b>06033</b>	
Director Name <b>TED COCCA</b>		Director Name <b>WM HYDE</b>	
Street Address <b>42 BREACH DR.</b>		Street Address <b>230 BUNKER AV.</b>	
City <b>WESTERLY</b>	State <b>RI</b>	City <b>MERIDEN</b>	State <b>CONN</b>
Zip <b>02891</b>		Zip <b>06450</b>	

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <b>I</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>200 SHS NO PAR VALUE</b>			<b>39</b>	<b>ONE</b>	<b>NO</b>

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



File Date: **11/17/97**  
Check No.: **1088**  
By: **[Signature]**  
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 that all statements contained herein are true and correct.

**[Signature]** **11/2/97**  
Signature of Officer Date  
**PETER G TURANO JR.**  
Print or Type Name of Officer  
**PRESIDENT**  
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 Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 73610		2. NAME OF CORPORATION Breach Drive Beach Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 309 HIGH ST		CITY WESTERLY	STATE R.I
4. BUSINESS PHONE NO. (401) 596-5138		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 7245
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND PRIVATE BEACH			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME PETER G. TURANO JR.		VICE PRESIDENT NAME PETER BARDY	
STREET ADDRESS 309 HIGH ST.		STREET ADDRESS 43 BARRISON ST.	
CITY WESTERLY	STATE R.I	CITY SPRINGFIELD	STATE MASS.
ZIP CODE 02891		ZIP CODE 00109	
SECRETARY NAME JOSEPH B. TURANO		TREASURER NAME ← SAME	
STREET ADDRESS 41 PIERCE ST		STREET ADDRESS	
CITY WESTERLY	STATE R.I	CITY	STATE
ZIP CODE 02891		ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME NORMAN NORBERT		DIRECTOR NAME MICHAEL BOUCHARD	
STREET ADDRESS 147 CHURCH ST		STREET ADDRESS 43 HUBBARD ST	
CITY HADDAM	STATE CONN	CITY GLASTONBURY	STATE CONN
ZIP CODE 06438		ZIP CODE 06033	
DIRECTOR NAME TED COCCA		DIRECTOR NAME WM. HYDE	
STREET ADDRESS 42 BREACH DR.		STREET ADDRESS 230 BUNKER AV.	
CITY WESTERLY	STATE RI	CITY MERIDEN	STATE CONN
ZIP CODE 02891		ZIP CODE 06450	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
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

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:

For Secretary of State Use Only

Signature of Officer

PETER G. TURANO JR  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

12/21/95  
Date

## 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

## ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0073610

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Breach Drive Beach Inc.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

309 HIGH ST  
WESTERLY R.I. 02891Phone: (401) 596-5138

Brief statement of the character of business conducted in Rhode Island:

PRIVATE BEACH

## THE NAMES OF THE OFFICERS ARE:

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

PETER G. TURANO JR 309 HIGH ST WESTERLY R.I 02891

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

PETER BARRY 43 BARRISON ST SPRINGFIELD MASS 00109

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

JOSEPH B. TURANO 41 PIERCE ST WESTERLY R.I 02891

## THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

TED COCCA 42 BREACH DR. WESTERLY R.I 02891

NAME STREET ADDRESS CITY/STATE ZIP CODE

NORMAN NORBERT 147 CHURCH HILL RD HADDAM CT 06438

NAME STREET ADDRESS CITY/STATE ZIP CODE

MICHAEL BOUCHARD 43 HUBBARD ST GLASTONBURY CONN. 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 1/5/95, 1995By: Peter G. Turano Jr  
PETER G. TURANO JR

PRINT OR TYPE NAME OF OFFICER SIGNING

Form 31 1/95

TITLE OF OFFICER SIGNING

PRESIDENT

## DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PETER G. TURANO, JR.  
309 HIGH STREET  
WESTERLY RI 02891JAN 11 1995  
sc/dh #1059

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE OR PRINT  
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

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

Corporate ID: 0073610 Annual Report for the year: 1994

Name of Business Entity: Breach Drive Beach Inc.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

309 HIGH ST  
WESTERLY R.I. 02891

Phone: (401) 576-5138

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

PETER G. TURANO JR  
P.O. Box 436  
WESTERLY R.I. 02891

Brief statement of the character of business conducted in Rhode Island

PRIVATE BEACH

Date of Organization: 8/23/93

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

PETER G. TURANO JR. 309 HIGH ST WESTERLY R.I. 02891

☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

PETER BARDY 43 BARRISON ST SPRINGFIELD MASS 01109

☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

JOSEPH B. TURANO 41 PIERCE ST WESTERLY R.I. 02891

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

TED CUCCA 42 BREACH DR. WESTERLY R.I. 02891

NORMAN NORBERT 147 CHURCH HILL RD HADDAM CT. 06438

MICHAEL BOUCHARD 43 HUBBARD ST GLASTONBURY CT. 06033

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200 NUMBER 35

CLASS ONE CLASS (COMMON) CLASS ONE CLASS (COMMON)

SERIES N/A SERIES N/A

PAR VALUE OR WITHOUT PAR 0 ~~PAR VALUE OR~~ WITHOUT PAR

Date 1/15, 1994

By: Peter G. Turano Jr.

PETER G. TURANO JR  
PRINT OR TYPE NAME OF OFFICER SIGNING

PRES.  
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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.

PETER G. TURANO, JR.  
309 HIGH STREET  
WESTERLY RI 02891

FILED  
FEB 22 1994  
By KC 1014