



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.

FILED

JUL 09 2018

BY 128

1. Entity ID Number <u>000028575</u>		2. Exact name of the Corporation <u>Mishnook BEACH Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>MANAGEMENT AND MAINTENANCE of COMMUNITY BEACH, to promote social activities amongst its members</u>	
4. NAICS Code <u>813319</u>			
6. Principal Office Address <u>205 MISHNOOK RD WG RI 02817</u>		City <u>West Greenwich</u>	State <u>RI</u>
		Zip <u>02817</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Richard Chamberlain</u>		Vice-President Name <u>Jerry Harrington</u>	
Street Address <u>213 MISHNOOK RD</u>		Street Address <u>18 Bailey Drive</u>	
City <u>WG</u>	State <u>RI</u>	City <u>WG</u>	State <u>RI</u>
Zip <u>02817</u>		Zip <u>02817</u>	
Secretary Name <u>Diane Blawiere</u>		Treasurer Name <u>Kevin Kinsella</u>	
Street Address <u>205 MISHNOOK RD</u>		Street Address <u>27 Bailey Drive</u>	
City <u>WG</u>	State <u>RI</u>	City <u>WG</u>	State <u>RI</u>
Zip <u>02817</u>		Zip <u>02817</u>	
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 <u>George Allen</u>		Director Name <u>June Scully-Shaw</u>	
Street Address <u>19 Bailey Drive</u>		Street Address <u>213 MISHNOOK RD</u>	
City <u>WG</u>	State <u>RI</u>	City <u>WG</u>	State <u>RI</u>
Zip <u>02817</u>		Zip <u>02817</u>	
Director Name <u>Jerry Harrington</u>		Director Name	
Street Address <u>18 Bailey Drive</u>		Street Address	
City <u>WG</u>	State <u>RI</u>	City	State
Zip <u>02817</u>		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 <u>Secretary / Diane Blawiere</u>			Date <u>7/4/18</u>
Signature of Officer/Authorized Representative <u>Diane Blawiere</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov