RI SOS Filing Number: 201872596990 Date: 7/19/2018 11:01:00 AM

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

RECEIVED
2018 JUL 19 A 10:5
SECRETARY OF STATE
CORPORATIONS DIV.

Annual Report for the year: 2014
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
000032633	BEECHWOOD ENTERPRISES, INC.		
3. Principal Office Address	City	State	Zip
50 PIETILA ROAD	CHARLESTOWN	RI	02813
4. NAICS Code: 237210	6. Brief description of the character of business conducted in Rhode Island: BUYING AND DEVELOPING LAND, AND LEASING, BUILDING AND SELLING HOUSES		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: EVELYN J SMITH			Vice-President Name: NONE		
Street Address: 50 PIETILA ROAD			Street Address:		
City: CHARLESTOWN	State: RI	Zip: 02813	City:	State:	Zip:
Secretary Name: EVELYN J SMITH			Treasurer Name: EVELYN J SMITH		
Street Address: 50 PIETILA ROAD			Street Address: 50 PIETILA ROAD		
City: CHARLESTOWN	State: RI	Zip: 02813	City: CHARLESTOWN	State: RI	Zip: 02813

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: EVELYN J SMITH			Director Name:		
Street Address: P O BOX 1379			Street Address:		
City: CHARLESTOWN	State: RI	Zip: 02813	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	CNP	$0.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative: EVELYN J SMITH — Date: 7/13/18

Signature of Authorized Representative: Evelyn J Smith — SIGN DOCUMENT HERE

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

JUL 19 2018 11:01
BY cu 335201

FORM 630 - Revised: 10/2017