

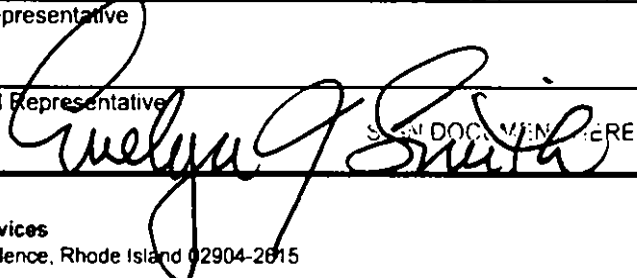


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUL 19 AM 10:51

1. Entity ID Number 000032633		2. Exact name of the Corporation BEECHWOOD ENTERPRISES, INC.					
3. Principal Office Address 50 PIETILA ROAD		City CHARLESTOWN		State RI	Zip 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 					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 du 335201
FORM 630 - Revised: 10/2017