



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.

1. Entity ID Number 57629		2. Exact name of the Corporation Friends of Plum Beach Lighthouse, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Preserve and protect Plum Beach Lighthouse for Charitable and Educational purposes			
4. NAICS Code 813312 - Environment, Conservation and Forestry <input type="checkbox"/>					
6. Principal Office Address P.O Box 1041		City North Kingstown	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Zapata		Vice-President Name Keith Finck			
Street Address 20 Arbor Way		Street Address 13 Walnut Street			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Susan Hetrick		Treasurer Name Cynthia Tully			
Street Address 6 Amber Street		Street Address 124 North Cobble Hill Road			
City North Kingstown	State RI	Zip 02919	City Warwick	State RI	Zip 02886
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 Bruce Martin		Director Name Robert Onosko			
Street Address 187 Indian Trail		Street Address P.O. Box 15			
City Saunderstown	State RI	Zip 02874	City Wakefield	State RI	Zip 02880
Director Name Joan Onosko		Director Name none			
Street Address P.O. Box 15		Street Address			
City North Kingstown	State RI	Zip 02880	City	State	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Cynthia L. Tully, Treasurer, Friends PBLH				Date 7/20/18	
Signature of Officer/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 23 2018
 BY 0787 DS
 FORM 831 - Revised: 11/2017