



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