



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2019
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 2703		2. Exact name of the Corporation Bowdish Lake Camping Area, Inc			
3. Principal Office Address Route 44 (Putnam Pike) PO Box 25			City Glocester	State RI	Zip 02814
4. NAICS Code <i>712111</i> 71 - Arts, Entertainment, and R		6. Brief description of the character of business conducted in Rhode Island family campground facility			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anna Tillinghast			Vice-President Name John Tillinghast		
Street Address Route 44 (Putnam Pike) PO Box 25			Street Address Route 44 (Putnam Pike) PO Box 25		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Secretary Name Anna Tillinghast			Treasurer Name Anna Tillinghast		
Street Address Route 44 (Putnam Pike) PO Box 25			Street Address Route 44 (Putnam Pike) PO Box 25		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1012		common	no par value
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. <i>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.</i>					
Name of Authorized Representative Anna Tillinghast <i>Anna M. Tillinghast</i>					Date 1/7/19
Signature of Authorized Representative					FILED
SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JAN 10 2019
BY 386 DS
FORM 630 - Revised: 10/2016