

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

FILED

Annual Report for the year: 2019
 Non-Profit Corporation

JUN 17 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY Collo OS

1. Entity ID Number 27566		2. Exact name of the Corporation BONNET SHORES TERRACE ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Maintenance and operation of a private beach</i>			
4. NAICS Code 713990					
6. Principal Office Address P.O. Box 642			City SAUNDERSTOWN	State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT W. LOVEGREEN			Vice-President Name JOHN HAMILTON		
Street Address 20 DIANE ROAD			Street Address 21 BETTY DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name WAYNE WUNSCH			Treasurer Name JACQUELINE SOTNIK		
Street Address 8 DIANE ROAD			Street Address 1 BETTY DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name ROBERT W. LOVEGREEN			Director Name JOHN HAMILTON		
Street Address 20 DIANE ROAD			Street Address 21 BETTY DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name WAYNE WUNSCH			Director Name JACQUELINE SOTNIK		
Street Address 8 DIANE ROAD			Street Address 1 BETTY DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ROBERT W. LOVEGREEN, PRESIDENT					Date 6/10/2019
Signature of Officer/Authorized Representative <i>Robert W. Lovegreen</i>					

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

ADDITIONAL DIRECTORS FOR
BONNET-SHORES TERRACE ASSOCIATION
ID # 27566

JODI BROCK
18 ARNOLD AVE.
NARRAGANSETT, RI 02882

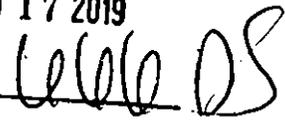
PAUL DECESARE
6 CONANICUT ROAD
NARRAGANSETT, RI 02882

MARY-FRANCES RICHARDS
15 DIANE ROAD.
NARRAGANSETT, RI 02882

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