



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

FILED

JUN 21 2019

BY 182 DS

Annual Report for the year: 2019
 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 000028595		2. Exact name of the Corporation Mishnock Beach Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island management and maintenance of a community beach and to promote social activities amongst its members			
4. NAICS Code 813319					
6. Principal Office Address 205 Mishnock Rd WGR		City WESTGREENWICH	State RI	Zip 02817	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD CHAMBERLIN			Vice-President Name CLAUDIA CHAPPELLE		
Street Address 213 Mishnock Rd			Street Address 225 Mishnock Rd		
City WG	State RI	Zip 02817	City WG	State RI	Zip 02817
Secretary Name DIANE BLAQUIERE			Treasurer Name KEVIN KINSALLA		
Street Address 205 Mishnock Rd			Street Address 27 Bailey Drive		
City WG	State RI	Zip 02817	City WG	State RI	Zip 02817
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 JUNE SCULLY-STAW			Director Name LINDA MOORE		
Street Address 213 Mishnock Rd			Street Address 225 Mishnock Rd		
City WG	State RI	Zip 02817	City WG	State RI	Zip 02817
Director Name CLAUDIA CHAPPELLE			Director Name		
Street Address Mishnock Rd			Street Address		
City WG	State RI	Zip 02817	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 DIANE BLAQUIERE, SECRETARY					Date 6/18/19
Signature of Officer/Authorized Representative Diane Blaquiere					SIGN DOCUMENT HERE