



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

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SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 28 AM 11:30

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 000157387		2. Exact name of the Corporation Beach Meadow Campers Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A social club intened to promote youth activities	
4. NAICS Code 813319 - Other Social Adv			
6. Principal Office Address 854 Matunuck Beach Road		City Wakefield	State RI
		Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mark Westnedge		Vice-President Name Will Wilson	
Street Address 854 Matunuck Beach Road		Street Address 854 Matunuck Beach Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Barbaba Boccanfuso		Treasurer Name Judy Wynne	
Street Address 854 Matunuck Beach Road		Street Address 854 Matunuck Beach Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
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 Frank Tassoni		Director Name Walter Ruzzo	
Street Address 854 Matunuck Beach Road		Street Address 854 Matunuck Beach Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Director Name Matt Perry		Director Name	
Street Address 854 Matunuck Beach Road		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Judy Wynne, Treasurer		Date 6/27/19	
Signature of Officer/Authorized Representative <i>Judy Wynne</i>		FILED JUN 28 2019	

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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