



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 <input type="checkbox"/>					
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	Zip 02879	City Wakefield	State RI	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	Zip 02879	City Wakefield	State RI	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	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Matt Perry			Director Name		
Street Address 854 Matunuck Beach Road			Street Address		
City Wakefield	State RI	Zip 02879	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.					
<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>					
<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 Judy Wynne, Treasurer					Date 6/27/19
Signature of Officer/Authorized Representative <i>Judy Wynne</i>					FILED JUN 28 2019

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

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