



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000071820

**2. Name of Corporation** GBC ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
713990

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 5627  
City or Town: WAKEFIELD State: RI Zip: 02880 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO OWN AND OPERATE A BEACH CLUB FOR THE PURPOSE OF PROVIDING SOCIAL AND RECREATIONAL ACTIVITIES FOR ITS MEMBERS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	CHRISTOPHER O'BRIEN	18 SOUTH GLEN COURT WAKEFIELD, RI 02879 USA
TREASURER	LISA FIORE	74 KETTLE POND DR. WAKEFIELD, RI 02879 USA
SECRETARY	JOHN ARCARI	43 LEDGETREE RD MEDFIELD, MA 02052 USA
VICE PRESIDENT	MICHAEL BOSWORTH	24 KING STREET COVENTRY, RI 02816 USA
DIRECTOR	JOANNE O'DONNELL	230 KENYON AVENUE WAKEFIELD, RI 02879 USA
DIRECTOR	DENISE SCHWARZBACH	250 SHADY HILL DR. EAST GREENWICH, RI 02818 USA
DIRECTOR	JOSEPH WINTHROP	70 HOLLYWOOD AVE NARRAGANSETT, RI 02882 USA
DIRECTOR	RAYMOND TOMASSO	150 LYNDON ROAD CRANSTON, RI 02905 USA
DIRECTOR	JACQUELYN TRACY	5 SECOND STREET NARRAGANSETT, RI 02882 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MARGARET L. HOGAN, ESQ. 3949 OLD POST ROAD P.O. BOX 1719 CHARLESTOWN , RI 02813

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2019 at 1:42:58 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By MAGGIE HOGAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07