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

FILED
JUL 08 2019
QV 823

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	2. Exact name of the Corporation
28862	Shore Acres Community Association
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Home Owners Association
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
11 Second Street	North Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Cliff Dutton			Vice-President Name: Tim Cronin		
Street Address: 75 Sauga Avenue			Street Address: 133 Sauga Avenue		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Secretary Name: Catherine McCormick			Treasurer Name: Debbie Reynolds		
Street Address: 440 Shore Acres Avenue			Street Address: 25 1st Avenue		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Elizabeth Bentley			Director Name: [redacted] Bruce Beauchamp		
Street Address: 52 Forth Street			Street Address: 417 Shore Acres Avenue		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Director Name: Marybeth Earle			Director Name:		
Street Address: 199 Shore Acres Avenue			Street Address:		
City: North Kingstown	State: RI	Zip: 02852	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.

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	Date
Catherine McCormick	06/25/19

Signature of Officer/Authorized Representative: Catherine McCormick

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

FORM 631 - Revised: 03/2019