



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

FILED

JUL 08 2019

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Annual Report for the year:
 Non-Profit Corporation

2019

BY

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- 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 28862		2. Exact name of the Corporation 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 11 Second Street		City North Kingstown	State RI	Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
Director Name Elizabeth Bentley		Director Name XXXXXXXXXXXX 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 correctly 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.					
<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 Catherine McCormick				Date 06/25/19	
Signature of Officer/Authorized Representative <i>Catherine McCormick</i>					

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