



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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|---|---------------|--|--|-------------------|--------------|
| 1. Corporate ID No. 137437 | | 2. Name of Corporation Fort Burnside Communication and Coastal Defense Museum | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address 716 BEAVERTAIL RD. | | City JAMESTOWN | Zip 02835 |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island THE PRESERVATION, PRESENTATION AND INTERPRETATION OF THE HISTORY AND ASSOCIATED ARTIFACTS RELATED TO FORT BURNSIDE, RHODE ISLAND. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name XXXXXX M.W. BROWN BEEZER | | | Vice President Name NONE | | |
| Street Address 716 BEAVERTAIL RD | | | Street Address | | |
| City JAMESTOWN | State R.I. | Zip 02835 | City | State | Zip |
| Secretary Name NONE | | | Treasurer Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 | | | | | |
| Director Name M.W. BROWN BEEZER | | | Director Name NEVILLE BEDFORD | | |
| Street Address 716 BEAVERTAIL RD / P.O. Box 31 | | | Street Address 327 FERRY RD | | |
| City JAMESTOWN | State RI | Zip 02835 | City BRISTOL | State RI | Zip 02896 |
| Director Name BARBARA S. MARTEN | | | Director Name DR. CHARLES DECECCA | | |
| Street Address 21 BEACH ST. | | | Street Address 501 MYSTIC VALLEY PKWY | | |
| City JAMESTOWN | State RI | Zip 02835 | City MEDFORD | State MASS | Zip 02155 |
| 9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78 | | | | | |
| Agent Name M.W. BROWN BEEZER | | | Address | | |
| Address 716 BEAVERTAIL ROAD | | | City JAMESTOWN | Zip 02835- | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



137437

File Date 7-11-08
Check No. 1598
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 13 JUNE 2005
Signature of Officer Date
M.W. BROWN BEEZER
Print or Type Name of Officer
DIRECTOR / PRESIDENT
Title of Officer