



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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)

| | | | | | |
|--|-------------|--|----------------------|----------------------|---------------|
| 1. Corporate ID No. 118885 | | 2. Name of Corporation Block Island North Light Association | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address P.O. BOX 1662 | | City BLOCK ISLAND | Zip 02807- |
| 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 RAISING FUNDS, THROUGH GRANTS, DONATIONS OR OTHER MEANS TO EXPAND THE SAME, LESS EXPENSES, FOR THE PURPOSE OF PRESERVING AND MAINTAINING THE BLOCK ISLAND NORTH LIGHT | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Gilbert A. Plumb | | Vice President Name John Hoff | | | |
| Street Address 82 North Main Street | | Street Address Box 1827 Lakeside Drive | | | |
| City Essex | State CT | Zip 06426 | City Block Island | State RI | Zip 02807 |
| Secretary Name John Hoff | | Treasurer Name Christopher J. Wolf | | | |
| Street Address Box 1827 Lakeside Drive | | Street Address 132 Steep Hollow Drive | | | |
| City Block Island | State RI | Zip 02807 | City Glastonbury | State CT | Zip 06033 |
| 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 Gilbert A. Plumb | | Director Name Robert Gilpin | | | |
| Street Address North Main Street | | Street Address 1115 Mohegan Trail | | | |
| City Essex | State CT | Zip 06426 | City New Shoreham | State RI | Zip 02807 |
| Director Name Cynthia Rowley | | Director Name | | | |
| Street Address 72 Cove Road | | Street Address | | | |
| City Lyme | State CT | Zip 06371 | City | State | Zip |
| 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 John R. Payne, Jr. | | Address | | | |
| Address 46 Granite Street | | City Westerly | | Zip 02891 | |

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



1 1 8 8 8 5

118885 DNP 06/02/05 11:57:30 AM

File Date 8/22/05

Check No. 17443

By: DA

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.

Christopher J. Wolf 6-10-05
Signature of Officer Date

CHRISTOPHER J. WOLF
Print or Type Name of Officer

TREASURER
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|-------------|---|--|----------------------|---------------|
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| 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Gilbert A. Plumb | | | Vice President Name John Hoff | | |
| Street Address 82 North Main Street | | | Street Address Box 1827 Lakeside Drive | | |
| City Essex | State CT | Zip 06426 | City Block Island | State RI | Zip 02807 |
| Secretary Name John Hoff | | | Treasurer Name Christopher J. Wolf | | |
| Street Address Box 1827 Lakeside Drive | | | Street Address 132 Steep Hollow Drive | | |
| City Block Island | State RI | Zip 02807 | City Glastonbury | State CT | Zip 06033 |
| 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 Same as above | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 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 John R. Payne, Jr. | | | Address 46 Granite Street, Westerly, RI 02891 | | |
| Address 46 Granite Street, Westerly, RI 02891 | | | City Westerly | Zip 02891 | |

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



1 1 8 8 8 5

118885 DNP 06/29/04 11:43:29 AM
File Date 7/23/04
Check No. 16853
By: DA
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.

Christopher J. Wolf 7-20-04
Signature of Officer Date
Christopher J. Wolf
Print or Type Name of Officer
Treasurer
Title of Officer



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|--|--|--------------|
| 1. Corporate ID No. *118885* | | 2. Name of Corporation Block Island North Light Association | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address P.O. Box 1662 | |
| 5. Foreign corporation: Enter principal office address | | City Block Island | Zip 02807 |
| | | State | Zip |

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
RAISING FUNDS, THROUGH GRANTS, DONATIONS OR OTHER MEANS TO EXPAND THE SAME, LESS EXPENSES, FOR THE PURPOSE OF PRESERVING AND MAINTAINING THE BLOCK ISLAND NORTH LIGHT

7. NAMES AND ADDRESSES OF THE OFFICERS OF THE CORPORATION

| | | | | | |
|---|-------------|--------------|---|-------------|--------------|
| President Name Gilbert A. Plumb | | | Vice President Name John Hoff | | |
| Street Address 82 North Main Street | | | Street Address Box 1827 Lakeside Drive | | |
| City Essex | State CT | Zip 06426 | City Block Island | State RI | Zip 02807 |
| Secretary Name John Hoff | | | Treasurer Name Christopher J. Wolf | | |
| Street Address Box 1827 Lakeside Drive | | | Street Address 132 Steep Hollow Drive | | |
| City Block Island | State RI | Zip 02807 | City Glastonbury | State CT | Zip 06033 |

8. NAMES AND ADDRESSES OF THE DIRECTORS OF THE CORPORATION

| | | | | | |
|--------------------------------|-------|-----|----------------|-------|-----|
| Director Name Same as above | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

9. REGISTERED AGENT IN RHODE ISLAND

| | | | |
|----------------------------------|--|------------------------------|---------------|
| Agent Name JOHN R. PAYNE, JR. | | Address 46 GRANITE STREET | |
| Address 46 Granite Street | | City WESTERLY | Zip 02891- |

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



* 1 1 8 8 8 5 *

118885 DNP6/16/039 19:40 AM
File Date: 6-18-03
Check No: 16104
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 of Officer: [Signature] Date: 6-13-03

Christopher J. Wolf
Print or Type Name of Officer

Treasurer
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401.222.3041

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|-------------|--|----------------------|----------------------|--------------|
| 1. Corporate ID No. *118885* | | 2. Name of Corporation Block Island North Light Association | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate address in Rhode Island - Street Address P.O. Box 1662 | | City Block Island | Zip 02807 |
| 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 RAISING FUNDS, THROUGH GRANTS, DONATIONS OR OTHER MEANS TO EXPAND THE SAME, LESS EXPENSES, FOR THE PURPOSE OF PRESERVING AND MAINTAINING THE BLOCK ISLAND NORTH LIGHT | | | | | |
| NAMES AND ADDRESSES OF OFFICERS (SEE BOX FOR ATTACHMENT) (FILL IN SPACES BY PRESENSING OR TYPE IN) | | | | | |
| President Name Gilbert A. Plumb | | Vice President Name John Hoff | | | |
| Street Address 82 North Main Street | | Street Address Box 1827 Lakeside Drive | | | |
| City Essex | State CT | Zip 06426 | City Block Island | State RI | Zip 02807 |
| Secretary Name John Hoff | | Treasurer Name Christopher J. Wolf | | | |
| Street Address Box 1827 Lakeside Drive | | Street Address 132 Steep Hollow Drive | | | |
| City Block Island | State RI | Zip 02807 | City Glastonbury | State CT | Zip 06033 |
| NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) (FILL IN SPACES BY PRESENSING OR TYPE IN) | | | | | |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) (R.I.G.L. § 15-2-2) | | | | | |
| Director Name Same as above | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| REGISTERED AGENT IN RHODE ISLAND (DO NOT ALTER - Change Required in § 15-2-2 (b) (3) Form 631 Rev. 6/02) | | | | | |
| Agent Name JOHN R. PAYNE, JR. | | Address 46 GRANITE STREET | | | |
| Address 46 Granite Street | | City WESTERLY | Zip 02891- | | |

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



118885-DNR5/27/0330114-PMC
Filing Date: 6-18-03
Check No: 16104
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.

Christopher J. Wolf 6-13-03
Signature of Officer Date

Christopher J. Wolf
Print or Type Name of Officer

Treasurer
Title of Officer