



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2021  
 Corporation \_\_\_\_\_

**FILED STAMP**

FEB 17 2021

*for*

RV 5451

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 0000009926	2. Exact name of the Corporation THE SEASIDE BEACH CLUB, INC.
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3. Principal Office Address Atlantic Avenue	City Westerly	State RI	Zip 02891
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4 NAICS Code 999999	6. Brief description of the character of business conducted in Rhode Island Beach club, acquire, hold, operate, dispose of privileges, rights, franchises, concessions, buy, sell, lease, mortgage, exchange of real estate, etc.
5. State of Incorporation RI	

7 List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Brian M. Capalbo			Vice-President Name Ronald E. Capalbo		
Street Address 130 Granite St., PO Box 61			Street Address 130 Granite St., PO Box 61		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Brian M. Capalbo			Treasurer Name Ronald E. Capalbo		
Street Address 130 Granite St., PO Box 61			Street Address 130 Granite St., PO Box 61		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Brian M. Capalbo			Director Name Ronald E. Capalbo		
Street Address 130 Granite St., PO Box 61			Street Address 130 Granite St., PO Box 61		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	600 Common NPV	Common	NPV

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee  
**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.**

Name of Authorized Representative Brian M. Capalbo	Date 2-29-21
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Signature of Authorized Representative <i>Brian M. Capalbo</i>
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov