



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 24 2021
 BY 1049
JA

Annual Report for the year: 2020
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 <u>000299571</u>		2. Exact name of the Corporation <u>Beach Plum Inn Condominium Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>provide for the admin., operation, mgmt., maintenance, preservation, and control of the condo Association</u>	
4. NAICS Code <u>813910</u>			
6. Principal Office Address <u>53 Winnapaug Road</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Rick Osak</u>		Vice-President Name <u>Anthony Chiarella</u>	
Street Address <u>30 Paley Farm Rd</u>		Street Address <u>45 Main St Apt 1502</u>	
City <u>Portland</u>	State <u>CT</u>	City <u>Yonkers</u>	State <u>NY</u>
Zip <u>06480</u>		Zip <u>10701</u>	
Secretary Name <u>Carrie Osak</u>		Treasurer Name <u>Donna Gilmore</u>	
Street Address <u>30 Paley Farm Rd</u>		Street Address <u>38 Cemetary Road</u>	
City <u>Portland</u>	State <u>CT</u>	City <u>Charlton</u>	State <u>MA</u>
Zip <u>06480</u>		Zip <u>01507</u>	
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 <u>Val Moutinho</u>		Director Name <u>James Brown</u>	
Street Address <u>Horton Hill Road</u>		Street Address <u>90 Middlefield Avenue</u>	
City <u>Naugatuck</u>	State <u>CT</u>	City <u>Waterbury</u>	State <u>CT</u>
Zip <u>06770</u>		Zip <u>06705</u>	
Director Name <u>Linda Moutinho</u>		Director Name <u>/</u>	
Street Address <u>Horton Hill Road</u>		Street Address <u>/</u>	
City <u>Naugatuck</u>	State <u>CT</u>	City <u>/</u>	State <u>/</u>
Zip <u>06770</u>		Zip <u>/</u>	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Melissa Gifford</u>			Date <u>3/21/21</u>
Signature of Officer/Authorized Representative <u>Melissa Gifford</u>			

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov