



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000116835

**2. Name of Corporation** Boat Cove Dock Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Principal Office Address**

No. and Street: 117 ARNOLDA ROUND ROAD

City or Town: CHARLESTOWN

State: RI Zip: 02813 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO MAINTAIN THE AESTHETIC AND ENVIRONMENTAL INTEGRITY OF THE SHORELINE  
OF PROPERTY COMMONLY KNOWN AS BOAT COVE.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| PRESIDENT    | LINDA D LYALL                                         | 117 ARNOLDA ROUND ROAD<br>CHARLESTOWN, RI 02813 USA               |
| TREASURER    | KIM HEBERT                                            | 127 ARNOLDA ROUND RD<br>CHARLESTOWN, RI 02813 USA                 |
| SECRETARY    | ANDREW FEICK                                          | 207 MENG ROAD<br>SCHWENKSVILLE, PA 19473 USA                      |
| DIRECTOR     | JAMES DZWIL                                           | 107 ARNOLDA ROUND ROAD<br>CHARLESTOWN, RI 02813 USA               |
| DIRECTOR     | LINDA LYALL                                           | 117 ARNOLDA ROUND ROAD<br>CHARLESTOWN, RI 02813 USA               |
| DIRECTOR     | JAMES DZWIL                                           | 107 ARNOLDA ROUND ROAD<br>CHARLESTOWN, RI 02813 USA               |
| DIRECTOR     | ANDREW FEICK                                          | 207 MENG ROAD<br>SCHWENKSVILLE, PA 19473 USA                      |
| DIRECTOR     | KIM HEBERT                                            | 137 ARNOLDA ROUND ROAD<br>CHARLESTOWN, RI 02813 USA               |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LINDA D. LYALL 117 ARNOLDA ROUND ROAD CHARLESTOWN , RI 02813

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 6 Day of June, 2021 at 12:10:25 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By LINDA D LYALL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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