



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**

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.

JUN 25 2021

2002

1. Entity ID Number 000157387		2. Exact name of the Corporation Beach Meadows Campers Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A SOCIAL CLUB INTENDED TO PROMOTE YOUTH ACTIVITIES TITLE: 7-6			
4. NAICS Code 813319 - Other Social Advoc <input type="checkbox"/>					
6. Principal Office Address 854 Matunuck Beach Road		City Wakefield	State RI	Zip 02879	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark Westnedge		Vice-President Name Joseph Bianco			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Carson Granville		Treasurer Name Walter Ruzzo			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Judith Wynne		Director Name Frank Tassoni			
Street Address 854 Matunuck Beach Rd		Street Address 854 Matunuck Beach Rd			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Matthew Perry		Director Name			
Street Address 854 Matunuck Beach Rd		Street Address			
City Wakefield	State RI	Zip 02879	City	State	Zip
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 Walter Ruzzo, Treasurer				Date 6/21/21	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov