



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Non-Profit Corporation

2021

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**  
**STAMP**  
SEP 30 2021  
BY [Signature]

1. Entity ID Number <b>000028575</b>		2. Exact name of the Corporation <b>MISHNOCK Beach Association</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>summer recreation at the lake</b>	
4. NAICS Code <b>815319</b>			
6. Principal Office Address <b>Mishnock Rd</b>		City <b>W. Greenwich</b>	State <b>RI</b>
		Zip <b>02817</b>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>Richard Chamberlin</b>		Vice-President Name _____	
Street Address <b>213 Mishnock Rd</b>		Street Address	
City <b>W. Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02817</b>		Zip	
Secretary Name <b>Jenna Quinn</b>		Treasurer Name <b>Kevin Kinsella</b>	
Street Address <b>233 Mishnock Rd</b>		Street Address <b>27 Bailey Dr</b>	
City <b>W Greenwich</b>	State <b>RI</b>	City <b>W. Greenwich</b>	State <b>RI</b>
Zip <b>02817</b>		Zip <b>02817</b>	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <b>Karen Bolon</b>		Director Name <b>JUNE SHAW</b>	
Street Address <b>46 Bailey Dr</b>		Street Address <b>213 Mishnock Rd</b>	
City <b>W Greenwich</b>	State <b>RI</b>	City <b>W Greenwich</b>	State <b>RI</b>
Zip <b>02817</b>		Zip <b>02817</b>	
Director Name <b>Bob Reagan</b>		Director Name	
Street Address <b>46 Bailey Dr</b>		Street Address	
City <b>W Greenwich</b>	State <b>RI</b>	City	State
Zip <b>02817</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Richard Chamberlin</b>			Date <b>9/28/21</b>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:  
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