



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2022 APR 26 A 11:17

1. Entity ID Number 000104779		2. Exact name of the Corporation Block Island Residents' Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FOR CHARITABLE AND EDUCATIONAL ACTIVITIES TO BENEFIT THE RESIDENTS OF BLOCK ISLAND.			
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>					
6. Principal Office Address 247 Mill Pond Lane (#735)		City BLOCK ISLAND		State RI	Zip 02807
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH LOYA			Vice-President Name SUSAN BUSH		
Street Address PO BOX 1742			Street Address PO BOX 1664		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Secretary Name ELIOT WERENBERG			Treasurer Name ROBERT BENJAMIN		
Street Address PO Box 1172			Street Address PO BOX 735		
City Block Island	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name			Director Name MARTI DUNNE		
Street Address			Street Address PO BOX 1465		
City	State	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Director Name CRAIG FONTAINE			Director Name SUSAN MATHEKE		
Street Address PO BOX 1574			Street Address PO BOX 707		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Robert Benjamin				Date 4/26/2022	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 26 2022
BY *[Signature]* BMX5B.
11:17

AMENDMENT TO FORM 631 TO COMPLETE LIST OF DIRECTORS

1. Entity ID Number: 000104779

2. Exact name of the Corporation: Block Island Residents' Association, Inc.

Director #~~4~~

Director Name: Mary McInerney-Forsell

Street Address: PO Box 110

City: Block Island State: RI Zip: 02807

Director #~~5~~

Director Name: Mary McInerney-Forsell

Street Address: PO Box 110

City: Block Island State: RI Zip: 02807

Director #~~6~~

Director Name: Nancy Thornberry

Street Address: PO Box 1571

City: Block Island State: RI Zip: 02807

Director #~~7~~

Director Name: Nancy Thornberry

Street Address: PO Box 1571

City: Block Island State: RI Zip: 02807

Director #~~8~~

Director Name: Sharon L Weinberg

Street Address: PO Box 659

City: Block Island State: RI Zip: 02807