



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2022 JUN 21 A 11:36

1. Entity ID Number 000029703		2. Exact name of the Corporation Pettaquamscutt Terrace Improvement Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Maintain Beach area, raft and buoy maintenance, improving the beach and neighborhood	
4. NAICS Code 813319 - Other Social Advocacy <input type="checkbox"/>			
6. Principal Office Address 15 Lakeview Drive		City Narragansett	State RI
		Zip 02882	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Victoria Hathaway		Vice-President Name Carol Hamlin	
Street Address 15 Lakeview Drive		Street Address 37 Lakeview Drive	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
Secretary Name Ingrid Melton		Treasurer Name Michelle Hicks	
Street Address 25 Wilson Drive		Street Address 6 Shore Drive	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
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 Leeann D'Ettore		Director Name Denise Leighton	
Street Address 6 Isabelle Drive		Street Address 44 Beach Avenue	
City Narragansett	State RI	City Narragansett	State RI
Zip 02882		Zip 02882	
Director Name Peter Dodd		Director Name	
Street Address 36 Lakeview Drive		Street Address	
City Narragansett	State RI	City	State
Zip 02882		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.			
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 Victoria Hathaway		<div style="text-align: center;">FILED</div> <div style="text-align: center;">JUN 21 2022</div>	
Signature of Officer/Authorized Representative 		Date 6/20/2022	