



**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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 001690486

**2. Name of Corporation** Beaver River Valley Community 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: 106 LEWISTON AVENUE

City or Town: RICHMOND

State: RI Zip: 02892 Country: USA

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

FOR THE PURPOSE OF MAINTAINING A COMMUNITY ASSOCIATION FOR THE AREA OF RICHMOND, RHODE ISLAND, KNOWN AS THE HISTORIC BEAVER RIVER VALLEY AGRICULTURAL DISTRICT, AND ITS ENVIRONS; FOR EDUCATING THE PUBLIC AS TO THE MEANS OF PRESERVATION AND MAINTENANCE OF THE RURAL NATURE AND NATURAL AND HISTORIC RESOURCES OF THIS DISTRICT; FOR PROTECTING ITS HISTORIC LANDSCAPES, STRUCTURES, FARMS AND OPEN SPACE, INCLUDING ITS SCENIC VISTAS, VIEWSHEDS, VIEW CORRIDORS, AND ROADWAYS; FOR PROVIDING A MEANS BY WHICH RESIDENTS OF THE DISTRICT MAY BAND TOGETHER TO ACHIEVE COMMON GOALS; AND FOR FOSTERING A POSITIVE PUBLIC ATTITUDE TOWARD THE AREA AND ITS FUTURE.

**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.

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|--|--|
| PRESIDENT | WALTER PRESCOTT                                | 129 NORTH ROAD<br>SHANNOCK, RI 02875 USA                   |
| DIRECTOR  | WALTER PRESCOTT                                | 129 NORTH ROAD<br>SHANNOCK, RI 02875 USA                   |
| DIRECTOR  | JOHN M. PEIXINHO                               | 106 LEWISTON AVENUE<br>RICHMOND, RI 02892 USA              |
| DIRECTOR  | DAVID RUSSO                                    | 126 NORTH ROAD<br>SHANNOCK, RI 02875 USA                   |
| DIRECTOR  | KIM ROBERTSON                                  | 190 SHANNOCK HILL ROAD<br>SHANNOCK, RI 02875 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

JOHN PEIXINHO 106 LEWISTON AVENUE RICHMOND , RI 02892

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

Signed this 11 Day of July, 2022 at 11:20:36 AM 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 JOHN PEIXINHO  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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