RI SOS Filing Number: 202327839990 Date: 2/3/2023 2:13:00 PM

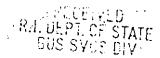


State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2022



2023 FEB - 3 PM 2: 12

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation				
000299571	Beach Plum Condominium Association				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
1/16/2008	Provide for the administration, operation,				
4. NAICS Code	management, maintenance, preservation, and				
813910	control of the condo association				
6. Principal Office Address			City	State	Zip
53 Winnapaug Road			Westerly	RI	02891
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					n attachment 🔲
President Name RICK OSAK			Vice-President Name Debbie Brown		
Street Address 30 Paley Farm Road			Street Address 90 Middle field Avenue		
city Portland	State (+	<sup>zip</sup> 66480	city Water bury	State CT	Zip ひしてひう
Secretary Name CATTIC OSAK			Treasurer Name Donna Gilmore		
Street Address Paley Farm Road			Street Address 38 (emetery Road		
city Portland	State	<sup>Zip</sup> 06480	city Charlton	State A	₩ <sub>1</sub> 507
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name William Copes			Director Name Rick OSak		
Street Address 25 Saint Francis Woods			Street Address Paley Farm Rd.		
City Madi Son	State	zip Pc).	city Portland	State (T	Zip 06480
Director Name Donna Gilmore			Director Name		
Street Address 38 Cemetery Rd.			Street Address		
city Charlton	State MA	zip 01507	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Repres	FILED	Date 2   1	23		
Signature of Officer/Authorized Representative					
Webolch Brown					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 5 F 786 2:13