



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

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

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV.

2023 FEB -3 PM 2:12

1. Entity ID Number 000299571		2. Exact name of the Corporation Beach Plum Condominium Association	
3. State of Incorporation 1/16/2008		5. Brief description of the character of business conducted in Rhode Island Provide for the administration, operation, management, maintenance, preservation, and control of the condo association	
4. NAICS Code 813910			
6. Principal Office Address 53 Winnapaug Road		City Westerly	State RI Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Rick Osak		Vice-President Name Debbie Brown	
Street Address 30 Paley Farm Road		Street Address 90 Middlefield Avenue	
City Portland	State CT	City Waterbury	State CT Zip 06705
Secretary Name Carrie Osak		Treasurer Name Donna Gilmore	
Street Address 30 Paley Farm Road		Street Address 38 Cemetery Road	
City Portland	State CT	City Charlton	State MA Zip 01507
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 William Copes		Director Name Rick Osak	
Street Address 25 Saint Francis Woods Rd		Street Address 30 Paley Farm Rd.	
City Madison	State CT	City Portland	State CT Zip 06480
Director Name Donna Gilmore		Director Name	
Street Address 38 Cemetery Rd.		Street Address	
City Charlton	State MA	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 Representative Debbie Brown		Date 2/1/23	
Signature of Officer/Authorized Representative <i>Debbie Brown</i>		SIGN DOCUMENT HERE FEB 3 2023	

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 RJ86 2:13