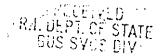


State of Rhode Island and Providence Plantations

## **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 (ondominium 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	KI	02891
7. List ALL officers (names and addresses)  Check the box to indicate an attachment				
President Name RICK OSAK		Vice-President Name Debbie Brown		
Street Address 30 Paley Farm Road		Street Address 90 Middlefield Avenue		
city Portland	State (†   Zip   0   0   0   0   0   0   0   0   0	cin Water bury	State CT	2ip 06705
Secretary Name Carrie	Osak	Treasurer Name Donna Gilmore		
Street Address 30 Paley Farm Road		Street Address 38 Cemetery Road		
city Portland	State CT Zip 06480	city Charlton	State A	<b>3</b> 1507
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 30 Paley Farm Rd.		
City Madi Son	State Zip Rd.	city Portland	State (T	zig 86480
Director Name		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	· ····	Date	_	
Debbie Brow		FILED	2/11	23
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE FEB \$ 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 F 786 2:13