



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
 Non-Profit Corporation

2023

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 APR -6 P 12:27

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

| | | | | | |
|--|--------------------|---|--|--------------------|-------------------------------|
| 1. Entity ID Number 000028575 | | 2. Exact name of the Corporation Mishnock BEACH Association | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island MANAGEMENT and MAINTENANCE OF small Neighborhood beaches and to promote social Activities among its MEMBERS | | | |
| 4. NAICS Code 813319 | | | | | |
| 6. Principal Office Address 205 Mishnock Rd | | | | | City WEST GREENWICH |
| | | | | | State RI |
| | | | | | Zip 02817 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Richard Chamberlin | | | Vice-President Name KAREN Ballou | | |
| Street Address 213 Mishnock Rd | | | Street Address 42 Bailey Drive | | |
| City WG | State RI | Zip 02817 | City WG | State RI | Zip 02817 |
| Secretary Name DIANE BLAQUIERE | | | Treasurer Name KEVIN Kinsella | | |
| Street Address 205 Mishnock Rd | | | Street Address 27 Bailey Drive | | |
| City WG | State RI | Zip 02817 | City WG | State RI | Zip 02817 |
| 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 Jason Ballou | | | Director Name JUNE Scully-Shaw | | |
| Street Address 42 BAILEY DRIVE | | | Street Address 213 Mishnock RD | | |
| City WG | State RI | Zip 02817 | City WG | State RI | Zip 02817 |
| Director Name JOAN Santos - BEAVER | | | Director Name | | |
| Street Address 189 Mishnock Rd | | | Street Address | | |
| City WG | State RI | Zip 02817 | City | State | 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Recover or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative DIANE BLAQUIERE / SECRETARY | | | | | Date 4/6/2023 |
| Signature of Officer/Authorized Representative <i>Diane Blaquiere</i> | | | | | |

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY 585 A.A. FORM 631 - Revised: 2/2023