



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2023RECEIVED
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 beach 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)			
President Name Richard Chamberlin		Vice-President Name KAREN Ballou	
Street Address 213 Mishnock Rd		Street Address 42 Bailey Drive	
City WG	State RI	City WG	State RI
Zip 02817		Zip 02817	
Secretary Name DIANE BLAQUIERE		Treasurer Name KEVIN Kinsella	
Street Address 205 Mishnock Rd		Street Address 27 Bailey Drive	
City WG	State RI	City WG	State RI
Zip 02817		Zip 02817	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name Jason Ballou		Director Name JUNE Scully-Shaw	
Street Address 42 Bailey Drive		Street Address 213 Mishnock Rd	
City WG	State RI	City WG	State RI
Zip 02817		Zip 02817	
Director Name JOAN Santos-Beaver		Director Name 	
Street Address 189 Mishnock Rd		Street Address 	
City WG	State RI	City 	State
Zip 02817		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.			
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 DIANE BLAQUIERE / SECRETARY			Date 4/6/2023
Signature of Officer/Authorized Representative Diane Blaquiere			

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

FILED

APR 06 2023

BY 585 A.A.

FORM 631 - Revised: 2/2023