RI SOS Filing Number: 202336039370 Date: 5/24/2023 4:00:00 PM

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State of Rhode Island-

## **Department of State - Business Services Division**

Annual Report for the year:	2023	
Non-Profit Corporation		

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

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Entity ID Number	2. Exact name of the Corporation						
68342	Beacon Hill Lane Homeowner's Association, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Holding com	Holding common land and other real and personal property for the benefit of					
4. NAICS Code 531390	the Beacon Hill Lane cluster subdivision.						
6. Principal Office Address			City	State	Zip		
1573 Beacon Hill Road	pad		New Shoreham	RI	02807		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Everett Russell Littlefield, Jr.		Vice-President Name John E. Savoie					
Street Address P.O. Box 1364			Street Address P O. Box 86				
City Block Island	State RI	<sup>Z<sub>1</sub>p</sup> 02807	City Block Island	State RI	<sup>Zip</sup> 02807		
Secretary Name	<del></del>	•	Treasurer Name				
Street Address		Street Address					
City	State	Zıp	City	State	Zip		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Everett Russell Littlefield, Jr		Director Name Abra Savoie					
Street Address P.O. Box 1364		Street Address P.O. Box 86					
City Block Island	State RI	<sup>Zip</sup> 02807	Crty Block Island	State RI	<sup>Zip</sup> 02807		
Director Name Heather Russo Littlefield		Orrector Name John E. Savoie					
Street Address P.O. Box 1364		Street Address P.O. Box 86					
City Block Island	State RI	<sup>Zıp</sup> 02807	City Block Island	State RI	<sup>Zip</sup> 02807		
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  Everett Russell Littlefield, Jr.  Date  3/15/7-3							
Signature of Officer/Anthorized Reprodentative							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov