



State of Rhode Island.

Department of State - Business Services Division

FILED

MAY 24 2023

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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.

1. Entity ID Number 68342		2. Exact name of the Corporation Beacon Hill Lane Homeowner's Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Holding common land and other real and personal property for the benefit of the Beacon Hill Lane cluster subdivision.			
4. NAICS Code 531390					
6. Principal Office Address 1573 Beacon Hill Road		City New Shoreham	State RI	Zip 02807	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	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 <input type="checkbox"/>					
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	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Heather Russo Littlefield		Director Name John E. Savoie			
Street Address P.O. Box 1364		Street Address P.O. Box 86			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Everett Russell Littlefield, Jr.				Date 3/15/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov