



State of Rhode Island
Department of State - Business Services Division

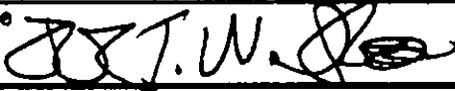
Annual Report for the year: 2023
Non-Profit Corporation

- 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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23 NOV 10 PM 1:16:37

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23 OCT 5 PM 12:28:04

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23 OCT 24 PM 12:51:15

1. Entity ID Number 000029956		2. Exact name of the Corporation Plum Beach Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Seasonal beach club			
4. NAICS Code 813990					
6. Principal Office Address 224 Plum Beach Road			City Saunderstown	State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Walsh			Vice-President Name Kaitlin Wilson		
Street Address 330 Carter Street			Street Address 88 Terre mar Drive		
City New Canaan	State CT	Zip 06840	City N. Kingstown	State RI	Zip 02852
Secretary Name Pamela ong			Treasurer Name Timothy Burditt		
Street Address 101 Tefft Street			Street Address 100 Top Hill Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
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 Tim Burditt			Director Name Pam Ong		
Street Address 100 Top Hill Rd.			Street Address 101 Tefft St.		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name John Walsh			Director Name Kaitlin Wilson		
Street Address 330 Carter St			Street Address 88 Terre Mar Dr.		
City New Canaan	State CT	Zip 06840	City Saunderstown	State RI	Zip 02874
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 John T. Walsh III					Date 10/2/2023
Signature of Officer/Authorized Representative 					

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 **A.A.**
NOV 10 2023 1:17pm.
BY **LEBAY**
FORM 631 - Revised: 04/2023