



State of Rhode Island
Department of State - Business Services Division

FILED

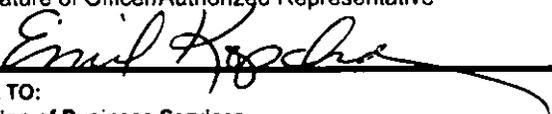
FEB 01 2024

BY Lif 2502

Annual Report for the year: 2024

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 000028330		2. Exact name of the Corporation Mautucket-By-The-Sea Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Securing properties for the establishment and maintenance of beach and pond property for the enjoyment of property owners on that recorded plat entitled Mautucket-By-The-Sea. Maintain, upkeep and improve properties.			
4. NAICS Code 81-562998					
6. Principal Office Address 10 Barnacle Drive			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kenneth Bowman			Vice-President Name Joseph Allegretti		
Street Address 10 Barnacle Drive			Street Address 102 Teal Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Karen Eidelman			Treasurer Name Emil Kopcha		
Street Address 94 Bedford Dr.			Street Address 253 Mautucket Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Kenneth Bowman			Director Name Joseph Allegretti		
Street Address 10 Barnacle Drive			Street Address 102 Teal Drive		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Karen Eidelman			Director Name Emil Kopcha		
Street Address 94 Bedford Dr.			Street Address 253 Mautucket Rd.		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Emil Kopcha				Date 2/1/2024	
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