



**State of Rhode Island
Department of State - Business Services Division**

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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 000145975		2. Exact name of the Corporation BEECHWOODS HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island GOVERN A RESIDENTIAL SUBDIVISION LOCATED IN HOPKINTON, RI KNOWN AS BEECHWOODS			
4. NAICS Code 813910					
6. Principal Office Address 75 LAMBERT LIND HIGHWAY			City WARWICK	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KATHLEEN LEGGETT			Vice-President Name MICHELLE ZANKOWSKI		
Street Address 14 HOPKINS HOLLOW			Street Address 11 HOPKINS HOLLOW		
City BRADFORD	State RI	Zip 02808	City BRADFORD	State RI	Zip 02808
Secretary Name KYLE MERCHANT			Treasurer Name MICHELLE ZANKOWSKI		
Street Address 6 BEECHWOOD HOLLOW			Street Address 11 HOPKINS HOLLOW		
City BRADFORD	State RI	Zip 02808	City BRADFORD	State RI	Zip 02808
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 KATHLEEN LEGGETT			Director Name MICHELLE ZANKOWSKI		
Street Address 14 HOPKINS HOLLOW			Street Address 11 HOPKINS HOLLOW		
City BRADFORD	State RI	Zip 02808	City BRADFORD	State RI	Zip 02808
Director Name KYLE MERCHANT			Director Name		
Street Address 6 BEECHWOOD HOLLOW			Street Address		
City BRADFORD	State RI	Zip 02808	City	State	Zip
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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative EDWARD AUGUST, MANAGING AGENT				Date 2/8/24	
Signature of Officer/Authorized Representative 				FILED	

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

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BY LKS VOHTM 2:33pm