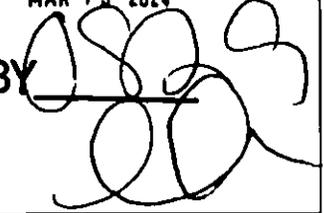




State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2024

BY 

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 57629		2. Exact name of the Corporation Friends of Plum Beach Lighthouse, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Preserve and protect the Plumbeach Lighthouse for charitable and educational purposes. Plum Beach Lighthouse also serves as a Navigational Aid in Narragansett Bay.			
4. NAICS Code 813312					
6. Principal Office Address P.O. Box 1041			City North Kingstown	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Zapatka			Vice-President Name Keith Finck		
Street Address 20 Arbor Way			Street Address 13 Walnut Street		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Susan Hetrick			Treasurer Name Cynthia Tully		
Street Address 6 Amber Street			Street Address 124 North Cobble Hill RD		
City Johnston	State RI	Zip 02919	City Warwick	State RI	Zip 02886
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 Katherine Redlich			Director Name Robert Onosko		
Street Address 89 Sherwood Drive			Street Address P.O. Box 15		
City Portsmouth	State RI	Zip 02871	City Wakefield	State RI	Zip 02880
Director Name Joan Onosko			Director Name Nicholas Brown		
Street Address P.O. Box 15			Street Address 50 Old Fort Rd		
City Wakefield	State RI	Zip 02880	City Newport	State RI	Zip 02840
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 Cynthia L. Tully, Treasurer, Friends of Plum Beach Lighthouse					Date 3/8/2024
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