



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 13 2024

BY 

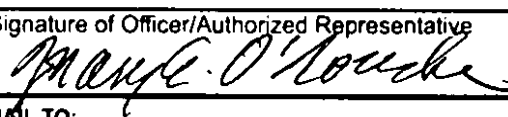
Annual Report for the year: 2024

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 000044563		2. Exact name of the Corporation Ocean-N-Land Beach Club Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Beach Club Association			
4. NAICS Code 813990					
6. Principal Office Address 60 Walden Way			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 Mr. Kenneth Lamb			Vice-President Name Mr. Marc Bosnyak		
Street Address 3548 D Commodore Perry Highway			Street Address 100 Walden Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mary E. O'Rourke			Treasurer Name None		
Street Address 60 Walden Way			Street Address		
City Wakefield	State RI	Zip 02879	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 Mr. David Bellino			Director Name Mr. Ken Pellitier		
Street Address 260 Walden Way			Street Address 58 Emerson Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Mr. Kenneth Lamb			Director Name		
Street Address 3548 D Comodore Perry Highway			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Mary E. O'Rourke, secretary				Date 3/10/24	
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