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

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 000104779		2. Exact name of the Corporation Block Island Residents' Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island FOR CHARITABLE AND EDUCATIONAL ACTIVITIES TO BENEFIT THE RESIDENTS OF BLOCK ISLAND.			
4. NAICS Code 813319					
6. Principal Office Address PO BOX 456			City BLOCK ISLAND	State RI	Zip 02807
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH LOYA			Vice-President Name CRAIG FONTAINE		
Street Address PO BOX 1742			Street Address PO BOX 1574		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Secretary Name ELIOT NERENBERG			Treasurer Name ROBERT BENJAMIN		
Street Address PO BOX 1172			Street Address PO BOX 735		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name MARY MCINERNEY-FORSSELL			Director Name NANCY THORNBERRY		
Street Address PO BOX 110			Street Address PO BOX 1571		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
Director Name SHARON L WEINBERG			Director Name MARTI DUNNE		
Street Address PO BOX 659			Street Address PO BOX 707		
City BLOCK ISLAND	State RI	Zip 02807	City BLOCK ISLAND	State RI	Zip 02807
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 ROBERT BENJAMIN				Date 03/29/2024	
Signature of Officer/Authorized Representative M3 FILED 1016					

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

MAR 29 2024
 BY Q JOZK

AMENDMENT TO FORM 631 TO COMPLETE LIST OF DIRECTORS

1. Entity ID Number: 000104779

2. Exact name of the Corporation: Block Island Residents' Association, Inc.

Director #5

SUSAN BUSH
PO BOX 1664
BLOCK ISLAND, RI 02807

Director #6

SUSAN MATHEKE
PO BOX 707
BLOCK ISLAND, RI 02807

Director #7

MARK COSTELLO
PO BOX 1715
BLOCK ISLAND, RI 02807

Director #8

SARAH BACON
90 BEARDSLEY ROAD
KENT, CT 06757