State of Rhode Island Fee: \$50.00   Office of the Secretary of State Office of the Secretary of State				
Division Of Business Services				
148 W. River Street				
Providence RI 02904-2615				
(401) 222-3040				
Business Corporation Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024				
1. Corporate ID No. 000002782				
2. Name of Corporation BREAKWATER VILLAGE, INC.				
3. Street Address Principal Business Office:				
No. and Street: ONE OFFSHORE ROAD, UNIT 32				
City or Town: NARRAGANSETT State: <u>RI</u> Zip: <u>02882</u> Country: <u>USA</u>				
4. Business Phone No.				
5. State of Incorporation				
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>531210</u>				
6. Brief Description of the Character of Business Conducted in Rhode Island				
REAL ESTATE BROKERAGE				
7. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	PETER A. CONN	242 9TH STREET WEST PALM BEACH, FL 33401 USA	
TREASURER	JUDY R. CONN-MATHOT	242 9TH STREET WEST PALM BEACH, FL 33401 USA	
SECRETARY	PETER A. CONN	242 9TH STREET WEST PALM BEACH, FL 33401 USA	
VICE PRESIDENT	JUDY R. CONN-MATHOT	242 9TH STREET WEST PALM BEACH, FL 33401 USA	
DIRECTOR	JUDY R. CONN-MATHOT	242 9TH STREET WEST PALM BEACH, FL 33401 USA	
DIRECTOR	PETER A. CONN	242 9TH STREET WEST PALM BEACH, FL 33401 USA	

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per		Total Issued and
		Share	Total Authorized	, °,
			Shares Number of Shares	Num of Shares
CNP		\$0.0000	3,000.00	500

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**Signed this 26 Day of April, 2024 at 2:54:46 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By PETER A. CONN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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