

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2025

Non-Profit Corporation

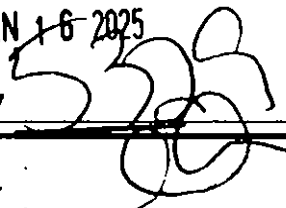
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JAN 16 2025

BY 

1. Entity ID Number <u>00073371</u>		2. Exact name of the Corporation <u>Beavertail Lighthouse Museum Association</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To Maintain, Promote + Operate the Beavertail State Park Lighthouse Museum</u>			
4. NAICS Code <u>7121</u>					
6. Principal Office Address <u>PO Box 83 800 Beavertail Rd</u>			City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Nancy Beye</u>			Vice-President Name <u>Mary Hamilton</u>		
Street Address <u>54 Clinton Ave</u>			Street Address <u>21 Betty Drive</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>
Secretary Name <u>Joan Vessella</u>			Treasurer Name <u>Sandra Paterson</u>		
Street Address <u>10 Beach Ave</u>			Street Address <u>23 Fox Run</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>Nancy Beye</u>			Director Name <u>Mary Hamilton</u>		
Street Address <u>54 Clinton Ave</u>			Street Address <u>21 Betty Drive</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>
Director Name <u>Joan Vessella</u>			Director Name <u>Sandra M Paterson</u>		
Street Address <u>10 Beach Ave</u>			Street Address <u>23 Fox Run</u>		
City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>	City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
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 <u>Sandra M. Paterson</u>				Date <u>1/14/2025</u>	
Signature of Officer/Authorized Representative <u>Sandra M Paterson</u>					