RI SOS Filing Number: 202562697690 Date: 1/16/2025 4:00:00 PM

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	2. Exact name of the Corporation
000733711	Beavertail Lighthouse Museum Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To Maintain, Promote & Operate the Beavertail State Park Lighthouse Museum
4. NAICS Code: 7121	

6. Principal Office Address	City	State	Zip
PO Box 83 800 Beavertail Rd	Jamestown	RI	02835

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Nancy Beye	Mary Hamilton
Street Address: 54 Clinton Ave	Street Address: 21 Betty Drive
City: Jamestown State: RI Zip: 02835	City: Narragansett State: RI Zip: 02882
Secretary Name: Joan Vessella	**Treasurer Name:** Sandra Paterson
Street Address: 10 Beach Ave	Street Address: 23 Fox Run
City: Jamestown State: RI Zip: 02835	City: Jamestown State: RI Zip: 02835

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Nancy Beye	Mary Hamilton
Street Address: 54 Clinton Ave	Street Address: 21 Betty Drive
City: Jamestown State: RI Zip: 02835	City: Narragansett State: RI Zip: 02882
Director Name: Joan Vessella	**Director Name:** Sandra M Paterson
Street Address: 10 Beach Ave	Street Address: 23 Fox Run
City: Jamestown State: RI Zip: 02835	City: Jamestown State: RI Zip: 02835

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	Date
Sandra M. Paterson	1/14/2025

Signature of Officer/Authorized Representative: Sandra M Paterson

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

FORM 631 - Revised: 08/2020