



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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.

**FILED**  
**STAMP**  
FEB 03 2025  
BY 1423  
OK

1. Entity ID Number <u>000124426</u>		2. Exact name of the Corporation <u>AR Tenant Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To ensure the property rights of the individuals who own residential dwellings on Johnson's Pond</u>	
4. NAICS Code <u>531190</u>			
6. Principal Office Address <u>2000 Warwick Avenue</u>		City <u>Warwick</u>	State <u>RI</u>
		Zip <u>02889</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Bruce Beauchamp</u>		Vice-President Name <u>Ann Forte</u>	
Street Address <u>177 Bull Hill Rd</u>		Street Address <u>12 Joyce Ann Dr</u>	
City <u>Colchester</u>	State <u>CT</u>	Zip <u>06415</u>	City <u>Smithfield</u>
			State <u>RI</u>
			Zip <u>02917</u>
Secretary Name <u>Jessica Andrade-Mello</u>		Treasurer Name <u>Michael Scatzo</u>	
Street Address <u>161 Ayoko Rd</u>		Street Address <u>87 Langlais Dr</u>	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>Hope</u>
			State <u>RI</u>
			Zip <u>02831</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Bruce Beauchamp</u>		Director Name <u>Ann Forte</u>	
Street Address <u>177 Bull Hill Rd</u>		Street Address <u>12 Joyce Ann Dr</u>	
City <u>Colchester</u>	State <u>CT</u>	Zip <u>06415</u>	City <u>Smithfield</u>
			State <u>RI</u>
			Zip <u>02917</u>
Director Name <u>Jessica Andrade-Mello</u>		Director Name	
Street Address <u>161 Ayoko Rd</u>		Street Address	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City
			State
			Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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>Patrice Turner, Managing Agent</u>			Date <u>1/28/2025</u>
Signature of Officer/Authorized Representative <u>Patrice Turner</u>			

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