



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
 MAR 12 2025
 BY *[Signature]*

1. Entity ID Number 000044563		2. Exact name of the Corporation Ocean-N-Land Beach Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Beach Club Association			
4. NAICS Code 813990					
6. Principal Office Address 60 Walden Way			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Marc Bosnyak			Vice-President Name James Algie		
Street Address 100 Walden Way			Street Address 80 Thoreau Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Mary E. O'Rourke			Treasurer Name None		
Street Address 60 Walden Way			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name David Bellino			Director Name Ken Pellitier		
Street Address 260 Walden Way			Street Address 56 Emerson Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Ken Lamb			Director Name		
Street Address 3548D Commodore Perry Hwy.			Street Address		
City wakefield	State RI	Zip 02879	City	State	Zip
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 Mary E. O'Rourke					Date 3/8/2025
Signature of Officer/Authorized Representative <i>Mary E. O'Rourke</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov