



State of Rhode Island
Department of State - Business Services Division

FILED

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.

MAR 24 2025
BY

1. Entity ID Number 000068342		2. Exact name of the Corporation Beacon Hill Lane Homeowner's Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Holding common land and other real and personal property for the benefit of the Beacon Hill Lane cluster subdivision.			
4. NAICS Code 531390					
6. Principal Office Address 1573 Beacon Hill Road			City New Shoreham	State RI	Zip 02807
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Everett Russell Littlefield, Jr.			Vice-President Name John E. Savoie		
Street Address P.O. Box 1364			Street Address P.O. Box 86		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>					
Director Name Everett Russell Littlefield, Jr.			Director Name Abra Savoie		
Street Address P.O. Box 1364			Street Address P.O. Box 86		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Heather Russo Littlefield			Director Name John E. Savoie		
Street Address P.O. Box 1364			Street Address P.O. Box 86		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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 Everett Russell Littlefield, Jr.					Date X 3/18/25
Signature of Officer/Authorized Representative 					

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