RI SOS Filing Number: 202446608860 Date: 2/12/2024 4:00:00 PM

State of Rhode Island and Department of Sta	vision FILED						
Annual Report for the year: 2024 Corporation			FEB 1 2 2024				
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			BY_5040				
1. Entity ID Number		of the Corporation		.			
11794	Gooseberry Beach, Inc.						
3. Principal Office Address			City State Zip				
130 Ocean Avenue PO Box 583			Newport		RI	02840	
4. NAICS Code	6. Brief descript	ion of the character	r of business o	onducted in Rhode Isla	and		
531110	To own and operate a beach facility						
5. State of Incorporation							
RI							
7. List ALL officers (names and addresses)				Check the box to indicate an attachment			
President Name Kathryn Brady	Vice-President Name Jim Manson						
Street Address 130 Ocean Avenue, C/O PO Box 583			Street Address 130 Ocean Avenue, C/O PO Box 583				
City Newport	State RI	^{Zip} 02840	City Newpor	t	State RI	Zip 02840	
Secretary Name Linda Sullivan	Treasurer Name Jennifer Stewart						
Street Address 130 Ocean Avenue, C/O PO Box 583			Street Address 130 Ocean Avenue, C/O PO Box 583				
City Newport	State RI	^{Zip} 02840	City Newport		State RI	Zip 02840	
8. List ALL directors (names and addresses)				Check th	e box to ir	ndicate an attachment	
Director Name Meg Toppa	Director Name Mary Sizeland						
Street Address 130 Ocean Avenue, C/O PO Box 583			Street Address 130 Ocean Avenue, C/O PO Box 583				
City Newport	State RI	^{Zip} 02840	City Newport		State RI	Zip 02840	
Director Name Jon Henry-Haywood	Director Name Bill Connerton						
Street Address 130 Ocean Avenue, C/O PO Box 583			Street Address 130 Ocean Avenue, C/O PO Box 583				
City Newport	State RI	^{Zip} 02840	City Newpor		State RI	Zip 02840	
9. Shares Authorized This information is currently of recon	d in the	10. Shares Issue		Check the CLASS/SERIES	e box to ir	ndicate an attachment	
Department of State. Changes require an additional filing.		400		common		1.00	
						,	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or							
trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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. Name of Authorized Representative					IData		
Jennifer Stewart, Treasurer					Date 2/7/24		
Signature of Authorized Representative					1		_
Demyor Stewart STORY OF LIBERT HERE							
MAIL TO:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov