



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000093867

**2. Name of Corporation** WEEKAPAUG GOLF CLUB

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 265 SHORE ROAD

City or Town: WESTERLY

State: RI

Zip: 02891 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ACQUIRE, OWN, MAINTAIN AND OPERATE A GOLF COURSE.

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
SECRETARY	KATE B THORNTON	3 SPRAY STREET CHARLESTOWN, RI 02813 USA
PRESIDENT	JAMES P. CARRIS	27 WEST WILLOW LANE CHARLESTOWN, RI 02813 USA
DIRECTOR	KATE B. THORNTON	27 WEST WILLOW LANE CHARLESTOWN, RI 02813
VICE PRESIDENT	JOHN DUMOUCHEL	9 PASSPATAUG AVENUE WEEKAPAUG, RI 02891 USA
DIRECTOR	JAMES P CARRIS	27 WEST WILLOW LANE CHARLESTOWN, RI 02813 USA
DIRECTOR	JOHN DUMOUCHEL	9 PASSPATAUG AVENUE WEEKAPAUG, RI 02891 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

VICTOR J. ORSINGER 53 HIGH STREET P.O. BOX 558 WESTERLY , RI 02891

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 21 Day of September, 2009 at 2:31:47 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JAMES P. CARRIS  
Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or  
 Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07