



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**
* 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.

1. Corporate ID No. 29676		2. Name of Corporation WEEKAPAUG DUNES ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 2 ELM STREET		City WESTERLY	Zip 02891
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island CONSERVATION OF SHORE AREA					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LEONARD HORNER			Vice President Name CHARLES TANEY		
Street Address 3711 PLEASANT VALLEY ROAD			Street Address 9 HILLCREST LANE		
City SACHSE	State TX	Zip 75048	City OLD GREENWICH	State CT	Zip 06870
Secretary Name SHARON COLLINSON			Treasurer Name SHARON COLLINSON		
Street Address 244 SOUTH BEACH ROAD			Street Address 244 SOUTH BEACH ROAD		
City HOBE SOUND	State FL	Zip 33455	City HOBE SOUND	State FL	Zip 33455
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name LEONARD HORNER			Director Name SHARON COLLINSON		
Street Address 3711 PLEASANT VALLEY ROAD			Street Address 244 SOUTH BEACH ROAD		
City SACHSE	State TX	Zip 75048	City HOBE SOUND	State FL	Zip 33455
Director Name IRVING WALTMAN			Director Name		
Street Address 3 BRIGHTON ROAD			Street Address		
City WEST HARTFORD	State CT	Zip 06117	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

29676

FILED	
File Date	JUN 21 2011
Check No.	3530
By	BY
FOR SECRETARY OF STATE USE ONLY	

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.

Leonard Horner
Signature of Officer

6/9/11
Date

LEONARD HORNER

Print or Type Name of Officer

President

Title of Officer