



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2015

**1. Corporate ID No.** 000030320

**2. Name of Corporation** WILLOW DELL BEACH CLUB, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 533

City or Town: WAKEFIELD State: RI Zip: 02880 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**

BEACH CLUB

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES FARRELL	2291 CMDR PERRY HWY WAKEFIELD, RI 02879 USA
VICE PRESIDENT	MARJORIE NORMAN	53 WILLIAM ST PAWCATUCK, CT 06379 USA
SECRETARY	JODY BRIGGS	726 TUCKERTOWN RD

		WAKEFIELD, RI 02879 USA
TREASURER	JOSEPH ORLANDO	2221 COMM PERRY HWY WAKEFIELD, RI 02879 USA
DIRECTOR	ANNE ONEILL	2137 COMM PERRY HWY WAKEFIELD, RI 02879 USA
DIRECTOR	FRAN FITZPATRICK	150 NORTH WEEDEN RD WAKEFIELD, RI 02879 USA
DIRECTOR	SIDNEY GOODE	490 KETTLE POND DR SOUTH KINGSTOWN, RI 02879 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**

LISA M. GATES 100 POND STREET WAKEFIELD , RI 02879

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

**Signed this 26 Day of April, 2015 at 5:43:24 PM by the authorized person.** *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 company, 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 LISA GATES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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