



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 786365		2. Exact name of the Corporation Weekapaug Homeowners Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island ownership and management of property in Weekapaug Five District			
5. Principal office address 4 Wawaloam Drive		City Westerly	State RI.	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank Kinney			Vice-President Name NONE		
Street Address 17 Passapatanz Avenue			Street Address		
City Weekapaug	State RI.	Zip 02891	City	State	Zip
Secretary Name Emily M Mugge			Treasurer Name Daniel Richards		
Street Address 89 Noyes Neck Road			Street Address 13 Winona Avenue		
City Westerly	State RI.	Zip 02891	City Westerly	State RI.	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Emily M. Mugge			Director Name Frank Kinney		
Street Address 89 Noyes Neck Road			Street Address 17 Passapatanz Avenue		
City Westerly	State RI.	Zip 02891	City Weekapaug	State RI	Zip 02891
Director Name Peter F. Seidenberg			Director Name Daniel Richards		
Street Address 110 Noyes Neck Road			Street Address 13 Winona Avenue		
City Westerly	State RI.	Zip 02891	City Westerly	State RI.	Zip 02891
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

JUL 08 2015

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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.

EM Mugge

6-30-15

Signature of Officer or Authorized Representative

Date

Emily M. Mugge

Print or Type Name of Officer or Authorized Representative

EXHIBIT A
TO

2015 Rhode Island Non-Profit Corporation Annual Report
OF
Weekapaug Homeowners Association, Inc.
Entity: ID No: 786365

7. Names and Addresses of the Directors (cont.):

<i>Name</i>	<i>Address</i>
Thomas Dwyer	45 Williams Avenue Westerly, RI 02891