



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2016 MAY -4 PM 1:39

Non-Profit Corporation Annual Report for the year: 2014

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation		
797754		Wayland Square Merchants Association		
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island		
Rhode Island		Association for Businesses in Wayland Square		
5. Principal Office Address		City	State	Zip
190 Wayland Ave		Providence	RI	02906
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>		
President Name Wendy Brown		Vice-President Name Sarah Abeles		
Street Address 60 Pleasant St		Street Address 9 Wayland Ave		
City Rumford	State RI	City Providence	State RI	Zip 02906
Secretary Name Susan Schlesinger		Treasurer Name Carol Hasslinger		
Street Address 471 Angel St		Street Address 182 Wayland Ave		
City Providence	State RI	City Providence	State RI	Zip 02906
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>		
Director Name Wendy Brown		Director Name Sarah Abeles		
Street Address 60 Pleasant St		Street Address 9 Wayland Ave		
City Rumford	State RI	City Providence	State RI	Zip 02906
Director Name Carol Hasslinger		Director Name		
Street Address 182 Wayland Ave		Street Address		
City Providence	State RI	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.				
<b>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.</b>				
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.				
Name of Officer/Authorized Representative Wendy Brown			Date 5/4/16	
Signature of Officer/Authorized Representative <u>Wendy Brown</u>			SIGN DOCUMENT HERE	

FILED

MAY 04 2016

BY u 273547

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