



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 85486		2. Exact name of the Corporation WESQUAGE COMMUNITY ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Maintain, repair, plowing of roads for safety and integrity for residents and members.			
5. Principal Office Address 23 Gardiner Street		City Narragansett	State R.I.	Zip 02882	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John McGreen			Vice-President Name Fances Broderick		
Street Address 811 Boston Neck Rd.			Street Address 63 Hartsdale Ave.		
City Narragansett	State R.I.	Zip 02882	City White Plains	State NY	Zip 10605
Secretary Name Donna Masterson			Treasurer Name Gerald A. Miele		
Street Address 658 Main Street			Street Address 23 Gardiner Street		
City Medfield	State MA.	Zip 02052	City Narragansett	State R.I.	Zip 02882
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 Henry McGreen			Director Name Robert Gunning		
Street Address 809 Boston Neck Rd.			Street Address 17 Gardiner Street		
City Narragansett	State R.I.	Zip 02882	City Narragansett	State R.I.	Zip 02882
Director Name Jean Gilbane-Cole			Director Name John Masterson		
Street Address 10 Summit Ave.			Street Address 658 Main Street		
City Narragansett	State R.I.	Zip 02882	City Medfield	State MA.	Zip 02052
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative GERALD A. MIELE, TREAS.				Date JUNE 12, 2016	
Signature of Officer/Authorized Representative <i>Gerald A. Miele, Treas.</i> 6/12/16					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

FILED

JUN 15 2016

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