



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 57166		2. Exact name of the Corporation WESQUAGE BEACH ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Maintain the beach for safety, repairs, and integrity for the owners 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 David O'Keefe			Vice-President Name Frances Broderick		
Street Address 500 Randolph Avenue			Street Address 63 Hartsdale Ave.		
City Milton	State MA.	Zip 02188	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 Jean Gilbane-Cole		
Street Address 809 Boston Neck Rd.			Street Address 10 Summit Ave.		
City Narragansett	State R.I.	Zip 02882	City Narragansett	State R.I.	Zip 02882
Director Name John Masterson			Director Name Robert Gunning		
Street Address 658 Main Street			Street Address 17 Gardiner Street		
City Medfield	State MA.	Zip 02052	City Narragansett	State R.I.	Zip 02882
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. 6/12/16</i>					

SIGN DOCUMENT HERE

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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