RI SOS Filing Number: 201600979950 Date: 06/23/2016 4:00 PM

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

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SECRETARY OF STATE
CORPORATIONS DIV
2016 JUN 23 AM 10: 50

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	2. Exact name of the Corporation
000030198	**Wickaboxet Camp Association,Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Neighborhood / beach improvement and maintenance**

5. Principal Office Address	City	State	Zip
5 Wampanoag Trail	**West Greenwich**	**RI**	**02817**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Kathleen Silvers**			Vice-President Name **Elvira Kirby**		
Street Address **5 Wamponaug Trail**			Street Address **30 Niantic Trail**		
City **West Greenwich**	State **RI**	Zip **02817**	City **West Greenwich**	State **RI**	Zip **02817**
Secretary Name **Michael Feldman**			Treasurer Name **Kathryn Callahan**		
Street Address **58 Niantic Trail**			Street Address **68 Niantic Trail**		
City **West Greenwich**	State **RI**	Zip **02817**	City **West Greenwich**	State **RI**	Zip **02817**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Henry Cassese III**			Director Name **Don Kirby**		
Street Address **22 Wamponoag Trail** Wamponaug			Street Address **30 Niantic Trail**		
City **West Greenwich**	State **RI**	Zip **02817**	City **West Greenwich**	State **RI**	Zip **02817**
Director Name **Shane Callahan**			Director Name		
Street Address **68 Niantic Trail**			Street Address		
City **West Greenwich**	State **RI**	Zip **02817**	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.

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.

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	Date
Kathleen Silvers/President	6.18.2016

Signature of Officer/Authorized Representative
Kathleen M. Silvers SIGN DOCUMENT HERE

FILED
JUN 23 2016
BY 277375

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

FORM 631 - Revised: 05/2016

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