



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.

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1. Entity ID Number 000029238		2. Exact name of the Corporation WARREN'S POINT BEACH CLUB, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island A private non-profit beach club			
5. Principal Office Address P.O. Box 151			City Little Compton	State RI	Zip 02837
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Geoff Manning			Vice-President Name Ron MacKay		
Street Address P.O. Box 482			Street Address 14 Queen Awashank Trail		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Secretary Name Allyson Samson			Treasurer Name Todd McNeill		
Street Address 49 East 96th Street			Street Address 78 Cross Street		
City New York	State NY	Zip 10128	City Norwell	State MA	Zip 02061
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Carol Gregory			Director Name Paul Mourning		
Street Address 20 Woods End Road			Street Address 23 Prospect Street		
City Dedham	State MA	Zip 02026	City Brooklyn	State NY	Zip 11217
Director Name Mark Bates			Director Name Janet Lofsky		
Street Address 670 West Main Road			Street Address 19 Bailey's Ledge		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
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 Robert K. Taylor, Authorized Representative					Date 5/17/17
Signature of Officer/Authorized Representative 					

FILED

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

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WARREN'S POINT BEACH CLUB, INC. — 89238
Non-Profit Corporation 2016 Annual Report
Page 2

7. Name and Address of the Officers and Directors

Elizabeth Middleton
98B Long Highway
Little Compton, RI 02837