



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

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000030198		2. Exact name of the Corporation Wickaboxet Camp Association, Inc.			
3. Principal Office Address 5 Wamponaug Trail		City West Greenwich		State RI	Zip 02817
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island Neighborhood/beach improvement and maintenance.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Henry Cassese III			Director Name Don Kirby		
Street Address 22 Wamponaug Trail			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
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		N/A	0	0	
		0	0	0	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Kathleen Silvers				Date 7/10/2017	
Signature of Authorized Representative <i>Kathleen Silvers</i> 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

FILED
JUL 11 2017
 BY 13910