



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000093867

**2. Name of Corporation** WEEKAPAUG GOLF CLUB

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
713900

**4. Corporate Address in Rhode Island**

No. and Street: 265 SHORE ROAD  
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ACQUIRE, OWN, MAINTAIN AND OPERATE A GOLF COURSE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | ED WEISS  | 18 CHANDLER CIRCLE<br>WESTON, MA 02493 USA                        |
| TREASURER      | DAVID BYERLY  | 27 CHAPMAN RD<br>WESTERLY, RI 02891 USA                           |
| SECRETARY      | MARTHA HOSP   | 10 WAXCADOWA AVE<br>WESTERLY, RI 02891 USA                        |
| VICE PRESIDENT | WENDY FIELD   | 1 OCEAN RIDGE DR<br>WESTERLY, RI 02891 USA                        |
| DIRECTOR       | DEMING SHERMAN  | 254 IRVING AVE.<br>PROVIDENCE, RI 02906 USA                       |
| DIRECTOR       | ANNE EARLE  | 41 KNOWLES AVE.<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | ROBERT WILLIAMS                                       | 7 MASSACHAUG RD<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | THOMAS CARPENTER                                      | 15 CHIN HILL ROAD<br>WESTERLY, RI 02891 USA                       |
| DIRECTOR       | WILLIAM HEEP  | 30 SEA BREEZE AVE<br>CHARLESTOWN, RI 02891 USA                    |
| DIRECTOR       | NANCY JORDAN  | PO BOX 2942<br>WESTERLY, RI 02891 USA                             |
| DIRECTOR       | CAROLINE MAYNARD                                      | 42 KNOWLES AVE<br>WESTERLY, RI 02891 USA                          |
| DIRECTOR       | CHRIS PHILIPS   | 125 SUNSET DR<br>CHARLESTOWN, RI 02813 USA                        |
| DIRECTOR       | FRED ENGEL  | 52 NOYES NECK ROAD<br>WESTERLY, RI 02891 USA                      |
| DIRECTOR       | MAUREEN FITZGERALD                                    | 10 WINDWARD DR.<br>WESTERLY, RI 02891 USA                         |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

VICTOR J. ORSINGER 42 GRANITE STREET WESTERLY , RI 02891

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 11 Day of May, 2018 at 12:59:43 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By J.M. TOSONE  
Signature of Authorized Person

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