RI SOS Filing Number: 201869511340 Date: 6/13/2018 4:00:00 PM

|--|

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

<del></del>						
1. Entity ID Number		2. Exact name of the Corporation				
786365	Weekapa	Weekapaug Homeowners Association, INC.				
3. State of Incorporation	5. Brief descripti	5. Brief description of the character of business conducted in Rhode Island				
RI	Ownership and	l management of	property In Weekapaug Fl	re District	•	
4. NAICS Code	1					
813990 - Other Similar Organiza						
8. Principal Office Address			City	State	Zip	
4 Wanaloam Drive WAWALOAM			Westerly	RI	02891	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Thomas Dwyer			Vice-President Name Daniel Richards			
Street Address 45 Williams Avenue			Street Address 13 Winona Avenue			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zlp</sup> 02891	
Secretary Name Donna Byrnes			Treasurer Namo Matthew Zola			
Street Address 30 Spray Rock Road			Street Address 46 Fenway Road			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zlp</sup> 02891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Thomas Dwyer			Director Name Daniel Richards			
Street Address 45 Williams Avenue			Street Address 13 Winona Avenue			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zip</sup> 02891	
Ofrector Name  Donna Byrnes			Director Name Gale Hunt			
Street Address 30 Spray Rock Road			Street Address 21 Fenway Road			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zip</sup> 02891	
9. 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 Truston.						
Name of Officer/Authorized Repres	Date	Date				
Donna A. Byrnes				June 10.	2018	
Signature of Officer/Authorized Representative						
JONES SIGN DOCUMENT HERE						

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

## **WFD Directors June 2018**

David Crean	55 Chapman Road	Weekapaug, RI 02891
Holly Friend	5 Passpataug Avenue	Weekapaug, RI 02891
Martha Hosp	12 Waxcadowa Avenue	Weekapaug, RI 02891
John H. Lathrop	47 Williams Avenue	Weekapaug, RI 02891
Robert McCann	16 Normandy Road	Bronxville, NY 10708
Carol Picarro	35 Beach Drive	Darien, CT 06820
Michael Rodgers	118 Stonecrest Road	Ridgefield, CT 06877