


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

 Annual Report for the year: **2019**
 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.

FILED

JUN 17 2019

BY

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1. Entity ID Number 786365		2. Exact name of the Corporation Weekapaug Homeowners Association, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Ownership and management of property in Weekapaug Fire District			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 4 Wawaloam Drive			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Richards			Vice-President Name Donna Byrnes		
Street Address 13 Winona Avenue			Street Address 30 Spray Rock Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Holly Friend			Treasurer Name Matthew Zola		
Street Address 5 Passpataug Avenue			Street Address 46 Fenway Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. 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 John H. Lathrop			Director Name Thomas F. Boll		
Street Address 47 Williams Avenue			Street Address 74 Noyes Neck Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Gale S. Hunt			Director Name		
Street Address 21 Fenway Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
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.					
<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 Donna A. Byrnes				Date June 13, 2019	
Signature of Officer/Authorized Representative <i>Donna A. Byrnes</i>				SIGN DOCUMENT HERE	