



RI SOS Filing Number: 201901311080 Date: 7/3/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUL 03 2019

BY

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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.

1. Entity ID Number 000057166		2. Exact name of the Corporation Wesquage Beach Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Clean, rake and general maintenance of beach for aesthetic and environmental protection. This includes rubbish removal. IN the event of a hurricane or other weather hazard, we clean, provide maintenance, and if necessary, reconstruction of damage.			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 23 Gardiner Street		City Narragansett		State R.I.	Zip 02882
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name David O'Keefe			Vice-President Name Frances Broderick		
Street Address 509 Randolph Street			Street Address 65 Hartsdale Avenue		
City Milton	State MA.	Zip 02186	City White Plains	State NY	Zip 10605
Secretary Name Donna Masterson			Treasurer Name Gerald A. Miele		
Street Address 658 Main Street			Street Address 23 Gardiner Street		
City Medfield	State MA	Zip 02052	City Narragansett	State R.I.	Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Rheinberger			Director Name James Masterson		
Street Address 10 Jenckes Court			Street Address 658 Main Street		
City Narragansett	State R.I.	Zip 02882	City Medfield	State MA	Zip 02052
Director Name Raymond Broderick			Director Name		
Street Address 65 Hartsdale Avenue			Street Address		
City White Plains	State NY	Zip 10605	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 Gerald A. Miele				Date June 30, 2019	
Signature of Officer/Authorized Representative <i>Gerald A. Miele</i>				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

FORM 631 - Revised: 06/2019