



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

FILED

JUL 03 2019

BY

1248 DS

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 <input type="checkbox"/>					
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
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 Website: www.sos.ri.gov