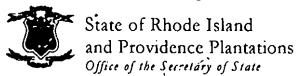
RI SOS Filing Number: 202044350350 Date: 7/8/2020 4:00:00 PM



Nellie M. Gorbea, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
• 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

enalty fee of \$25.00.  I. Corporate ID No.  118469	2. Name of Corpora Willow Dell	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ion			
State of Incorporation Rhode Island	4. Corporate address	s in Rhode Island - Street Add 4, 17 Matunuck Beach	Iress	Cuy Wakefield	2ιρ 02880	
Foreign corporation. Enter principal office address			City	State	Zip	
To advance the known NAMES AND ADDR	owledge of, and presence of the off			IL IN SPACES WEFORE UST	NG ATTACHMENTS	
P.O. Box 774, 17 Matunuck Beach Road  City State Zip  Wakefield RI 02880			P.O. Box 774, 17 Matunuck Beach Road  City Wakefield  RI  02880			
Secretary Name Eliza G. C. Collins			Treasurer Name Peter Conopask			
Street Address P.O. Box 774, 17 Matunuck Beach Road			Street Address P.O. Box 774, 17 Matunuck Beach Road			
ny Vakefield	State RI	2ip 02880	City Wakefield	State R1	2ip 02880	
Director Name Kenneth Woodcock  Street Address P.O. Box 774, 17 Matunuck Beach Road  City: State Zip			CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23  Director Name Austin C. Smith  Street Address P.O. Box 774, 17 Matunuck Beach Road  City  State  Zip			
Takefield  Trector Name	RI	02880	Wakefield  Director Name	RI	02880	
eter Conopask reel Address .O. Box 774, 17 M	atunuck Reach F	Road	Street Address			
ny Vakefield	State RI	Zip	City	State	Zip	
REGISTERED AGE	ı	02880   ND				
nis information is currer	ully of record in the Of	fice of the Secretary of Sta	ate. Changes require filing of	Form 641 - R.I.G.L. 7-6-13/7-	-6-78	
This report mu	ist be signed by eith	er the Presiden Year	esident, Secretary, Assista	ant Secretary, Treasurer, Re	ceiver or Trustee	
		DUL 08	Moder penalty of 1	perjury, I declare and affirm t	hat I have examined this	
File Date			statements contained	ny accompanying schedules and correct.	Le/24/26	
Check No.			Peter Conopask Print or Type Name of Officer			
FOR SECRETARY OF STATE USE ONLY				Treasurer		

Title of Officer