

FOR SECRETARY OF STATE USE ONLY

2. Name of Corporation

Willow Dell Historical Association

penalty fee of \$25.00.

118469

Nellie M. Garbea, 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

3 State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address P.O. Box 774, 17 Matunuck Beach Road			City	Vakefield	02880	
5 Foreign corporation. Enter principal office address			City	Stat	·	Zip	
To advance the know	wledge of, and pro	eserve, the history of n		IL IV SPACE	S ME FORE UST	) NG ATTACHMENTS	
Austin_C. Smith			Austin C. Smith				
Street Address P.O. Box 774, 17 Ma	atunuck Beach I	Road	Street Address P.O. Box 774, 1	7 Matunu	ck Beach Roa	đ	
City Wakefield	State RI	2ip 02880	Cuy Wakefield				
Eliza G. C. Collins	Treasurer Name Peter Conopask						
Bireel Address P.O. Box 774, 17 Ma	Street Address P.O. Box 774, 1	P.O. Box 774, 17 Matunuck Beach Road					
<sup>City</sup> Wakefield	State RI	2ip 02880	City Wakefield			21p 02880	
B. NAMES AND ADDRES THE NUMBER OF DIRE Director Name Kenneth Woodcock	SSES OF THE DIREC ECTORS OF A DOM	CTORS: <sup>1</sup> ("X" BOX FOR A ESTIC (RHODE ISLAND	TTACHMENT)	N SPACES BI V <u>OT BE LES</u>	efore using at <u>\$ Than Three</u>	TTACHMENTS (3). R.I.G.L. 7-6-23	
Street Address P.O. Box 774, 17 Ma	Street Address P.O. Box 774, 1	Street Address P.O. Box 774, 17 Matunuck Beach Road					
Cny Wakefield	State RI	21p 02880	Cny Wakefield		State R1	21p 02880	
Director Name Peter Conopask	· · · · · · · · · · · · · · · · · · ·		Director Name			<u> </u>	
Street Address P.O. Box 774, 17 Ma	atunuck Beach I	Road	Street Address		-· · · · · · · · · · · · · · · · · · ·		
Cny Wakefield	State RI	2 <i>ip</i> 02880	City	· · · · ·	State	Zip	
REGISTERED AGEN	ı				1		
This information is current	lly of record in the O	ffice of the Secretary of Sta	ate. Changes require filing of	Form 641 –	R.I.G.L. 7-6-13/7-	6-78	
This report mus	st be signed by cith	er the President Vice P	esident, Secretary, Assist	ant Secretar	y, Treasurer, Red	ceiver or Trustee	
		<b></b>					
			710 D				
			report, including as	ny accompan	ying schedules and	at I have examined this statements, and that all	
File Date			Signature of Office	D (	Mapo	6/24/20	
Check No.	·		Peter Conor	pask	-		
By:		· ·	Print or Type Name	e of Officer			

Treasurer

Title of Officer