



State of Rhode Island
Department of State - Business Services Division

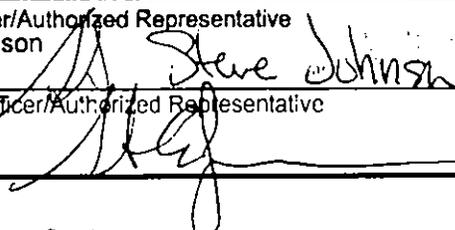
Annual Report for the year: **2021**
Non-Profit Corporation

- 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 28 2021

EX... 20903

1. Entity ID Number 000112159		2. Exact name of the Corporation The Waypoysset Preserve Trust			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To purchase and acquire real estate on the eastern side of the Town of Bristol, RI known as the Narrows in order to create the Waypoysset Preserve.			
4. NAICS Code 813312 - Environment, Conserva					
6. Principal Office Address 443 Hopa Street		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William O. Guy		Vice-President Name Clifford W. Guy			
Street Address 43 Fales Avenue		Street Address 45 Columbia Avenue			
City Barrington	State RI	Zip 02806	City Jamestown	State RI	Zip 02835
Secretary Name Kieran C. Carroll		Treasurer Name Steve Johnson			
Street Address 25 Opechee Drive		Street Address 345 Channel View Apt. 101			
City Bristol	State RI	Zip 02809	City Warwick	State RI	Zip 02889
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 William O. Guy		Director Name Clifford W. Guy			
Street Address 43 Fales Avenue		Street Address 45 Columbia Avenue			
City Barrington	State RI	Zip 02806	City Jamestown	State RI	Zip 02835
Director Name Kieran C. Carroll		Director Name Steve Johnson			
Street Address 25 Opechee Drive		Street Address 345 Channel View Apt. 101			
City Bristol	State RI	Zip 02809	City Warwick	State RI	Zip 02889
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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>					
<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 Steve Johnson				Date 6/18/21	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.scs.ri.gov

Entity ID Number: 000099581

Continuation Form, Section 7 (List of Directors)

Ayanna Samuels
17 Charles Street
Bristol, RI 02809

Fatima Estrella
49 Lafayette Drive
Bristol, RI 02809

Adrienne Henderson
1 Old Ferry Road
Bristol, RI 02809