



State of Rhode Island
Department of State - Business Services Division

FILED

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.

AUG 18 2021
BY SW/SIS
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1. Entity ID Number 001665306		2. Exact name of the Corporation WP Management Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island See attached			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address c/o WaterFire Providence 475 Valley Street			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Van Erp			Vice-President Name		
Street Address 148 Congdon Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Jane I. Carlson			Treasurer Name		
Street Address 729 East 600 South, # 315			Street Address		
City Salt Lake City	State UT	Zip 84012	City	State	Zip
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 Peter Van Erp			Director Name Jane I. Carlson		
Street Address 148 Congdon Street			Street Address 729 East 600 South, # 315		
City Providence	State RI	Zip 02906	City Salt Lake City	State UT	Zip 84012
Director Name Christie Smith			Director Name		
Street Address 12 Chaplin Place			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Peter Van Erp				Date July 27, 2021	
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.sos.ri.gov