



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2022 JAN 10 PM 2:42

- 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 000118176		2. Exact name of the Corporation The Warren Cousins, Incorporated	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Family Society of the Descendants of Mayflower Pilgrim Richard Warren and his wife, Elizabeth Walker.	
4. NAICS Code 813219 - Other Grantmaking and			
6. Principal Office Address 8704 Douglas St.		City Omaha	State NE
		Zip 68114	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Margaret Bobertz		Vice-President Name Richard S. Gilmore	
Street Address 18 Grant St.		Street Address 380 Newberry St	
City Plymouth	State MA	City Plymouth	State MA
Zip 02360		Zip 01923	
Secretary Name Gail Adams		Treasurer Name G. Steven Brown	
Street Address 211 Fox Trot Way NW		Street Address 107 Ellisville Drive	
City Leesburg	State VA	City Plymouth	State MA
Zip 20176		Zip 02360	
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 Jane Ordway Carman		Director Name Judy Elfring	
Street Address 807 East Boundary Ave.		Street Address 365 North Road	
City York	State PA	City Yarmouth	State ME
Zip 17403		Zip 04096	
Director Name Deborah L. Shea		Director Name	
Street Address 3812 Wellesley Terrace Circle		Street Address	
City Henrico	State VA	City	State
Zip 23233		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.			
<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 Martin W Beerman, President			Date 1/3/2022
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

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JAN 21 2022
 BY QNO 2RMXD

Additional Officer:

Registrar
Deborah L. Shea
3812 Wellesley Terrace Circle
Henrico, VA 23233