



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

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 penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 001708061

2. Name of Corporation Whale Rock Road Association

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: 474 IPSWICH ROAD

City or Town: BOXFORD

State: MA

Zip: 01921

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EXCLUSIVELY FOR THE ACQUISITION, CONSTRUCTION, MANAGEMENT, MAINTENANCE AND CARE OF ASSOCIATION PROPERTY AS SUCH TERMS IS DEFINED IN SECTION 528(C) OF THE INTERNAL REVENUE CODE OF 1986, AS IT MAY BE AMENDED FROM TIME TO TIME, AND THE REGULATIONS PROMULGATED THEREUNDER.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	CHRISTOPHER P. TOMPKINS	198 HOPE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	ELIZABETH MORRIS	474 IPSWICH ROAD BOXFORD, MA 01921 USA
DIRECTOR	ANNE PATTERSON	38 E HILL WAY WAKEFIELD, RI 02879 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MCLAUGHLINQUINN LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 3 Day of August, 2022 at 9:36:29 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CHRISTOPHER P. TOMPKINS
Signature of Authorized Person

Form No. 631
Revised 09/07

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