



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 31 2023

BY

Annual Report for the year:

2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 29686		2. Exact name of the Corporation Weekapaug Tennis Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Providing tennis and croquet facilities for members and their guests.			
4. NAICS Code 813910					
6. Principal Office Address 4 Wawaldan Drive		City Weekapaug		State RI.	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Jini Boll			Vice-President Name Mary Doherty		
Street Address 132 Windenore Road			Street Address 18 Chapman Road		
City Auburndale	State MA	Zip 02466	City Weekapaug	State RI.	Zip 02891
Secretary Name Susan Demovick			Treasurer Name Seth Lieberman		
Street Address 48 Williams Avenue			Street Address 15 Columbia Street		
City Weekapaug	State RI.	Zip 02891	City Brookline	State MA	Zip 02466
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name James Dworkin			Director Name Kelsey Johnson		
Street Address 8 Winona Avenue			Street Address 92 Noyes Neck Road		
City Weekapaug	State RI.	Zip 02891	City Weekapaug	State RI.	Zip 02891
Director Name Carl Reiser			Director Name Eileen Butler		
Street Address 57 Fenway Road			Street Address 48 Meadow Avenue		
City Weekapaug	State RI.	Zip 02891	City Weekapaug	State RI.	Zip 02891
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Mary Doherty				Date March 26 2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021