	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S	treet		
	Providence RI 029	04-2615		
1636	(401) 222-30	40		
Non-Profit Corporation				
Annual Report				
Filing Period: February 1 - May	r 1			
In accordance with R.I.G.L. 7-6 annual report within the time p				
penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EN	TER THE <u>CURRENT</u> FILING `	YEAR 2023 : <u>202</u>	3	
1. Corporate ID No. 0000	29676			
2. Name of Corporation <u>WEEKAPAUG DUNES ASSOCIATION</u>				
3. State of Incorporation				
State: <u>RI</u>				
	ARTICLE III			
Using the dropdown labeled N primary type of activity in whi populate a NAICS Code base box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the NAICS Code i	the dropdown will s known, enter it into the	
NAICS Code				
<u>813312</u>				
4. Principal Office Address				
No. and Street: 2 FLM	<u>I STREET</u>			
	ERLY State: RI	Zip: <u>02891</u>	Country: <u>USA</u>	
5. Brief Description of the Ch	aracter of the Affairs Condu	ucted in Rhode Is	land	
CONSERVATION OF SHO	<u>RE AREA</u>			
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		Address	
<u> </u>	First, Middle, Last, Suffix	Address, City or To	own, State, Zip Code, Country	

VICE PRESIDENT	JOHN A HORNER	8217 CARRANZO DRIVE AUSTIN, TX 78735 USA	
DIRECTOR	JOHN A. HORNER	8217 CARRANZO DRIVE AUSTIN, TX 78735 USA	
PRESIDENT	BEVERLEY J. MACINNIS	7 STURGES HOLLOW WESTPORT, CT 06880 USA	
SECRETARY	LAWRENCE WALTMAN	541 ATLANTIC AVENUE WESTERLY, RI 02891 USA	
TREASURER	JOHN HOUSTON	1 SPINNAKER LANE ESSEX, CT 06426 USA	
DIRECTOR	LAURENCE WALTMAN	541 ATLANTIC AVENUE WESTERLY, RI 02891 USA	
DIRECTOR	BEVERLEY J. MACINNIS	7 STURGES HOLLOW WESTPORT, CT 06880 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

CHARLES SOLOVEITZIK TWO ELM STREET P.O. BOX 414 WESTERLY , RI 02891

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

Signed this 24 Day of April, 2023 at 2:04:22 PM 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 CHARLES SOLOVEITZIK

Signature of Authorized Person

Form No. 631 Revised 09/07

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