



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 12 2024

BY

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1. Entity ID Number 000070543		2. Exact name of the Corporation WAWALOAM RESERVATION INC.			
3. Principal Office Address 510 GARDINER RD		City WEST KINGSTON		State R.I.	Zip 02892
4. NAICS Code 721211		6. Brief description of the character of business conducted in Rhode Island RECREATIONAL CAMPING			
5. State of Incorporation 1973					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MAUREEN SMITH			Vice-President Name N/A		
Street Address 516 GARDINER RD			Street Address		
City WEST KINGSTON	State RI	Zip 02892	City	State	Zip
Secretary Name NICOLE M SMITH			Treasurer Name MAUREEN SMITH		
Street Address 510 GARDINER RD			Street Address 516 GARDINER RD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JAMES J SMITH JR			Director Name TODD M SMITH		
Street Address 1 BELL SCHOOLHOUSE RD			Street Address 409 HILLSDALE RD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
Director Name MAUREEN SMITH			Director Name NICOLE M SMITH		
Street Address 516 GARDINER RD			Street Address 510 GARDINER RD		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI	Zip 02892
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		400		STK	
		PAR VALUE		1,000	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative MAUREEN SMITH				Date FEBRUARY 5, 2024	
Signature of Authorized Representative <i>Maureen Smith</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov