



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 25 2024

Annual Report for the year: 2024  
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.

BY 22323  
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1. Entity ID Number 000112159		2. Exact name of the Corporation The Waypoyset Preserve Trust			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To purchase and acquire real estate on the eastern side of the Town of Bristol, RI known as the Narrows in order to create the Waypoyset Preserve			
4. NAICS Code 813312 - Environment, Conserva					
6. Principal Office Address 443 Hope Street		City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name William O. Guy			Vice-President Name Clifford W. Guy		
Street Address 43 Fales Avenue			Street Address 45 Columbia Avenue		
City Barrington	State RI	Zip 02806	City Jamestown	State RI	Zip 02835
Secretary Name Gehard Leib			Treasurer Name Steve Johnson		
Street Address 1281 Hope Street			Street Address 345 Channel View Apt. 101		
City Bristol	State RI	Zip 02809	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name William O. Guy			Director Name Clifford W. Guy		
Street Address 43 Fales Avenue			Street Address 45 Columbia Avenue		
City Barrington	State RI	Zip 02806	City Jamestown	State RI	Zip 02835
Director Name Gehard Leib			Director Name Steve Johnson		
Street Address 1281 Hope Street			Street Address 345 Channel View Apt. 101		
City Bristol	State RI	Zip 02809	City Warwick	State RI	Zip 02889
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 Steve Johnson				Date 3/14/24	
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

check # 7997