RI SOS Filing Number: 202449972940 Date: 4/1/2024 4:00:00 PM

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<b>B</b>	State of Rhode Island  Department of State - Business Services Division
اهماست	Report for the year:

**FILED** 

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APR 0 1 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.

1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
000797754	Wayland Square Merchants' Association						
3 State of Incorporation	5. Brief descript	5. Brief description of the character of business conducted in Rhode Island					
RI	A voluntary business association representing the merchants in Wayland						
4. NAICS Code	Square in promoting business.						
813910 - Business Association							
6 Principal Office Address			City	State	Zip		
161 Wayland Avenue			Providence	RI	02906		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Victoria Boulis	'	<del></del>	Vice-President Name Katy Jensen				
Street Address 209 Wayland A	venue		Street Address 209 Wayland Avenue				
Criy Providence	State RI	<sup>Zrp</sup> 02906	City Providence	State RI	<sup>Zip</sup> 02906		
Secretary Name Janet Russell			Treasurer Name Janet Russell				
Street Address 161 Wayland A	venue		Street Address 161 Wayland Avenue				
<sup>Crity</sup> Providence	State RI	<sup>2</sup> 02906	Gily ProvidenceRI	State RI	<sup>Z\$</sup> 02906		
8. List ALL directors (names and addresses), RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Jessica Leach			Director Name Mark Russell				
Street Address 138 Wayland A	venue		Sucet Address 161 Wayland Avenue				
City Providence	State RI	<sup>2 p</sup> 02906	City Providence	State RI	<sup>Zıp</sup> 02906		
Director Name Janet Russell	<u> </u>	<u> </u>	Director Name				
Street Address 161 Wayland A			Street Address				
Crity Providence	State RI	<sup>Z·p</sup> 02906	City	State	Žφ		
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 contained herein are true and correct.							
This report must be agreed by either the President, vice-President, Secretary Assistant Secretary Treasurer, duly Authorized Representative. Receiver or Trustee							
Name of Officer/Authorized Repres		Date	1201				
Janet Russell							
Signature of Officer/Authorized Representative							
Dant Kusson							