RI SOS Filing Number: 202452700970 Date: 4/23/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 2 3 2024
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	2. Exact name of the Corporation
000118176	The Warren Cousins, Incorporated
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: The Family Society of the Descendants of Mayflower Pilgrim Richard Warren and his wife, Elizabeth Walker.
4. NAICS Code: 813219	

6. Principal Office Address	City	State	Zip
8704 Douglas St.	Omaha	NE	68114

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Martin W. Beerman			Vice-President Name: George P. Germany Jr., MD		
Street Address: 8704 Douglas St.			Street Address: 725 S. 10th St.		
City: Omaha	State: NE	Zip: 68114	City: Berthoud	State: CO	Zip: 80513
Secretary Name: Gail Adams			Treasurer Name: Keith Kammenzind		
Street Address: 211 Fox Trot Way NW			Street Address: 1918 Seaton St.		
City: Leesburg	State: VA	Zip: 20176	City: Pittsburgh	State: PA	Zip: 15226

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Marsha Berland			Director Name: Rev. Dr. W. Becket Soule		
Street Address: 201 N. Main St.			Street Address: P.O. Box 1359		
City: Neilhart	State: MT	Zip: 59465	City: Maggie Valley	State: NC	Zip: 28751
Director Name: Vicki Barge			Director Name:		
Street Address: 4917 Theden St.			Street Address:		
City: Shawnee	State: KS	Zip: 66218	City:	State:	Zip:

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	Date
Martin W. Beerman, President	**April 16, 2024**

Signature of Officer/Authorized Representative: Martin W. Beerman

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

FORM 631- Revised 12/2023