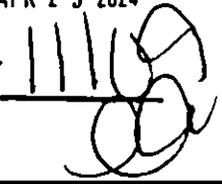




State of Rhode Island
Department of State - Business Services Division

FILED

APR 23 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 000118176		2. Exact name of the Corporation 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 8704 Douglas St.			City Omaha	State NE	Zip 68114
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Martin W. Beerman, President					Date April 16, 2024
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