



State of Rhode Island
Department of State - Business Services Division

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 BUSINESS SERVICES DIVISION
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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.

1. Entity ID Number 000118469		2. Exact name of the Corporation Willow Dell Historical Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To advance the knowledge of, and preserve, the history of Matunuck, RI and area			
4. NAICS Code 712120					
6. Principal Office Address PO Box 774, 17 Matunuck Beach Road			City Wakefield	State RI	Zip 02880
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Austin C. Smith			Vice-President Name Austin C. Smith		
Street Address 28 Upper Farm Way			Street Address 28 Upper Farm Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Eliza G. C. Collins			Treasurer Name Peter Conopask		
Street Address PO Box 217			Street Address 50 Friel Farm Way		
City Wakefield	State RI	Zip 02880	City Hope Valley	State RI	Zip 02832
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 Kenneth Woodcock			Director Name Austin C. Smith		
Street Address 2464-D Commodore Perry Highway			Street Address 28 Upper Farm Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Peter Conopask			Director Name		
Street Address 50 Friel Farm Way			Street Address		
City Hope Valley	State RI	Zip 02832	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 Peter Conopask					Date 4/15/2024
Signature of Officer/Authorized Representative					FILED

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

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