



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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.

REC'D RIDOS 350
25 APR 2 PM 12:01:00

1. Entity ID Number 000739031		2. Exact name of the Corporation Matunuck Surfing Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Supporting, maintaining, and furthering the sport of surfing.			
4. NAICS Code 813319					
6. Principal Office Address 181 Washington Street		City Wakefield		State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William G. Leddy			Vice-President Name		
Street Address 181 Washington Street			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name Carl Granquist			Treasurer Name		
Street Address 181 Washington Street			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
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 William G. Leddy			Director Name Carl Granquist		
Street Address 181 Washington Street			Street Address 181 Washington Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Eric Little			Director Name		
Street Address 181 Washington Street			Street Address		
City Wakefield	State RI	Zip 02879	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 <i>William G. Leddy</i>					Date <i>3/23/25</i>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

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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