



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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.

FILED

MAY 26 2025 STAMP
BY 1050

1. Entity ID Number 000797754		2. Exact name of the Corporation Wayland Square Merchants' Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A voluntary business association representing the merchants in Wayland Square in promoting business.			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address 161 Wayland Avenue			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victoria Boulis			Vice-President Name Katy Jensen		
Street Address 209 Wayland Avenue			Street Address 209 Wayland Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Janet Russell			Treasurer Name Janet Russell		
Street Address 161 Wayland Avenue			Street Address 161 Wayland Avenue		
City Providence	State RI	Zip 02906	City ProvidenceRI	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Jessica Leach			Director Name Mark Russell		
Street Address 138 Wayland Avenue			Street Address 161 Wayland Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Janet Russell			Director Name		
Street Address 161 Wayland Avenue			Street Address		
City Providence	State RI	Zip 02906	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 Janet Russell				Date 5/1/25	
Signature of Officer/Authorized Representative Janet Russell					