



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2014 SEP 29 AM 10:09

1. Entity ID No. 16779		2. Exact name of the Corporation Weekapaug Beach Company			
3. Principal office address 25 Spray Rock Road		City Westerly	State RI	Zip 02891	
4. Business Phone No. (401) 322-0301		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE HOLDING COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William L. G. Lester, Jr.			Vice-President Name Richard W. Constantine		
Street Address 4 Wawaloam Drive			Street Address 35 Knowles Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Deming E. Sherman			Treasurer Name Ferdinand Engel		
Street Address 2800 Financial Plaza			Street Address 62 Meadow Avenue		
City Providence	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William L. G. Lester, Jr.			Director Name Richard W. Constantine		
Street Address 4 Wawaloam Drive			Street Address 35 Knowles Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Ferdinand Engel			Director Name Frank Kinney		
Street Address 62 Meadow Avenue			Street Address 17 Passpataug Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500 200	Common	No Par 25

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____

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.
 Signature of Authorized Representative: Deming E. Sherman Date: 9/29/14

FILED

SEP 29 2014
 By: 233190
A.A. ID: 16A.M.

Print or Type Name of Authorized Representative
Deming E. Sherman
Secretary