



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 2015

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.

1. Entity ID No. 16779		2. Exact name of the Corporation Weekapaug Beach Company								
3. Principal office address 4 Wawaloam Drive		City Westerly	State RI	Zip 02891						
4. Business Phone No. 401-322-1450		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 36 Williams Avenue			Street Address 36 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 02903	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 36 Williams Avenue			Street Address 36 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		
						200	common	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.

FILED
JAN 20 2015

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.

File Date _____

Check No _____

By: _____

Deming E. Sherman 01/15/2015
 Signature of Authorized Representative Date

BY 2014449

Deming E. Sherman
 Print or Type Name of Authorized Representative

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