

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401,222,3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.								
1. Corporate ID No.	2. Name of Corporation							
158746		The Westerly Gridiron Association						
3. State of Incorporation	4. Corporate add	dress in Rhode Island - Street A	Address	City	Zip			
RHODE ISLAND	20 SYCAM	ORE DR		WESTERLY	02891			
5. Foreign corporation. Enter principal office address			City	State	Zip			
6. Brief Description of the charact	er of the affairs whic	b are actually conducted in RI	bode Island					
TO SUPPORT YOUTH S	PORTS AND R	ECREATION						
		ni al remanement dell'antici di Mandia	Storthonio PARABARA 1. 1. 1. L. L. LOSSININAS	en e	C.			
7, NAMES AND ADDRESS	ES OF THE OF	FICERS; ("X" BOX FOR A		CES BEFORE USING ATTA	mishedour seed 25 hr self-felia (ATA			
President Name			Vice President Name					
DIANE BOWDY			ROBERT GEBLER					
Street Address			2 0 1 1 1 (0 1 1 1 1 1					
20 SYCAMORE DR	State	Zip	City	State	z_{ip}			
City	RI	l -	WESTERLY	RI				
WESTERLY	J KI	02891	Treasurer Name	I IXI	02891			
Secretary Name			ROBERT GEBLER					
DIANE BOWDY			A manufacture of the control of the					
Street Address 20 SYCAMORE DR			Street Address 3 CANYON DR					
	State	Zip	City	State	Zip			
City		02891	WESTERLY	RI	02891			
WESTERLY	RI		ATTACHMENT) FILL IN SPA		the contract of the contract o			
			ND) CORPORATION SHALL					
Director Name	TOKS OF A DO	MESTIC (KNODE ISLA	Director Name	TOT BE LESS THAT THE	EE (3), M.1.0.E. / 3.29			
			,					
DIANE BOWDY			ROBERT GEBLER Street Address					
Street Address								
20 SYCAMORE DR	State	Zip	3 CANYON DR	State	Zip			
City	1	I *	ı "	RI	02891			
WESTERLY	RI	02891	WESTERLY Director Name	<u> Kı</u>	102091			
Director Name SOPHIA PORTUNATO)		Inrector Name					
Street Address			Street Address					
20 FRANKLIN ST					\mathcal{J}_{U}			
City	State	Zip	City	State	45 5%			
WESTERLY	RI	02891	1		2 S S S S S S S S S S S S S S S S S S S			
9. REGISTERED AGENT I	N RHODE ISLA	ND '			$\mathbf{g} = \mathbf{z}$			
TPL: 1 - P 1 3		· Office of the Court	of State Changes manine filing	of Form 641 DIGI 7.6 1	217 6 78			
			of State. Changes require filing					
This report me	ust be signed by	either the President, Vic	e President, Secretary, Assista	nt Secretary, Treasurer, Rec	ceiver or Trustee			

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Under penalty of perjury, I declare and affirm	
report, including arry accompanying schedules	
statements contained herein are true and corre	ct.
<i>!</i> ~/	
Signature of Officer	Date
ROBERT GEBLER	
Print or Type Name of Officer	
VICE PRESIDENT	

Title of Officer

Form 631 Rev. 09/17