

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 2010

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				
44937	The Westerly Land Trust				
3. State of Incorporation	4. Corporate ada	lress in Rhode Island - Street A	1ddress	City	Ζip
Rhose Island	PO Box 60	1		Westerly	02891
5. Foreign corporation. Enter principal office address			Сіцу	State	Zip
6. Brief Description of the cha	racter of the affairs whic	h are actually conducted in R	bode Island		
LAND CONSERVATION	N				
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	ACES BEFORE USING AT	TACHMENTS
President Name			Vice President Name		
Harvey C. Perry			William McKendree		
Street Address			Street Address		
12 Margin Street			20A Avondaie Ro		Zip
City	State	Zip	City	State RI	02891
Westerly	RI	02891	Westerly	<u> </u>	02091
Secretary Name Nichlas J. Stahl			Treasurer Name Jeanne M. LaChance		
Street Address 55 Elm Street			Street Address The Westerly Hospital, 25 Wells St.		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
			ATTACHMENT) FILL IN SP		
THE NUMBER OF DIE	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	L NOT BE LESS THAN TH	HREE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Sheilia Terranova Beattie			Donna Celico		
Street Address			Street Address		
5 Whales View Drive			15 Beach St.		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
Director Name			Director Name		
Richard Fil			Maureen N. Fitzgerald		
Street Address			Street Address		
14 Sylvan Lane			Westerly-Pawcatuck YMCA, 95 High St.		
City	State	Zip	City	I	02891
Westerly	RI	02891	Westerly	RI	102091
9. REGISTERED AGEN	I IN KHUDE ISLA	NU			
This information is curr	ently of record in th	e Office of the Secretary	of State. Changes require filing	g of Form 641 - R.I.G.L. 7-	6-13/7-6-78
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This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

4 4937	
FILED	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	Surception 28 fine 2010
JUL 0 6 2010 Check No	Signiffure of Officer Date
By: BY 10 161	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17

NAME AND ADDRESSES OF DIRECTORS OF THE WESTERLY LAND TRUST

(continued)

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