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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
30118	**WESTERLY TRACK & ATHLETIC CLUB, INC.**		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
RHODE ISLAND	**C/O STEPHEN C. SCHONNING 90 AIRPORT**	**WESTERLY**	**02891**
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island			
✓			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
STEPHEN SCHONNING			**JEFFREY WALKER**		
Street Address			Street Address		
14 GILLEO			**33 SEABURY DRIVE**		
City	State	Zip	City	State	Zip
WESTERLY	**RI**	**02891**	**WESTERLY**	**RI**	**02891**
Secretary Name			Treasurer Name		
CAROL ANN GRAY			**JOSEPH LIGHT**		
Street Address			Street Address		
16 PINE STREET			**3 GEORGE STREET**		
City	State	Zip	City	State	Zip
PAWCATUCK	**CT**	**06379**	**WESTERLY**	**RI**	**02891**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
POLLY CHORLTON			**HENRY GRILLS**		
Street Address			Street Address		
14 GILLEO DRIVE			**72 WINNAPAUG ROAD**		
City	State	Zip	City	State	Zip
WESTERLY	**RI**	**02891**	**WESTERLY**	**RI**	**02891**
Director Name			Director Name		
LARRY ORLANDO			**JOHN HAMMETT**		
Street Address			Street Address		
11 ALBERT STREET			**38 STILLWATER RD**		
City	State	Zip	City	State	Zip
WESTERLY	**RI**	**02891**	**CHARLESTOWN**	**RI**	**02813**

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 15 2012
1058

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 Officer — Date: 5/11/2012

STEPHEN C SCHONNING
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form No. 631
Revised: 01/2012
78094-7-736717

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7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Kate Kelliher		Director Name	Kevin Clendennin	
Street Address	P.O. Box 405 / 33 Second St.		Street Address	9 Dunbar Road	
City	Westerly	State RI Zip 02891	City	Quaker Hill	State CT Zip 06375
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 15 2012
30118

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 Officer Date

_____
Print or Type Name of Officer

_____
Title of Officer

Form No. 631
Revised: 01/2012