



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) 422-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

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. 90425		2. Exact name of the Corporation Westerly College Club, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote fellowship among college trained women and provide scholarships for college students who would otherwise not have the opportunity to attend.			
5. Principal office address 41 Grove Street			City Westerly	State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mrs. Emily Mugge			Vice-President Name Rev. Julia Fuller		
Street Address 89 Noyes Neck Road			Street Address P.O. Box 127		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Mrs. Jane Perry			Treasurer Name Mrs. Joan Berwick		
Street Address 25 Noyes Neck Road			Street Address 13 Brahms Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Mrs. Doris Jacques			Director Name Mrs. Amy Carvell		
Street Address 410 Westerly Bradford Road			Street Address 12 Spray Rock Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Mrs. Deborah Myers			Director Name		
Street Address 43 Rock ridge Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
8. 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

FILED

JUN 21 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Joan Berwick 6/18/12
 Signature of Officer _____ Date _____

Mrs. Joan Berwick
 Print or Type Name of Officer _____

Treasurer
 Title of Officer _____