



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/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. 293560		2. Exact name of the Corporation WESPAW			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island TO CONDUCT ACTIVITIES WHICH ARE EXCLUSIVELY CHARITABLE, LITERARY AND EDUCATIONAL AND TO RAISE MONEY FOR PEOPLE WHO ARE IN NEED OF FINANCIAL RESOURCES AND TO MANAGE DONATED FUNDS			
5. Principal office address 41 SAUNDRA DRIVE, PO BOX 114		City WESTERLY	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN B. DIONNE			Vice-President Name STANTON J. TERRANOVA, SR.		
Street Address 6 STARR COURT			Street Address 215 WATCH HILL ROAD		
City PAWCATUCK	State CT	Zip 06379	City WESTERLY	State RI	Zip 02891
Secretary Name THOMAS TOSCANO, JR.			Treasurer Name THOMAS TOSCANO, JR.		
Street Address 41 SAUNDRA DRIVE			Street Address 41 SAUNDRA DRIVE		
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 JOHN B. DIONNE			Director Name STANTON J. TERRANOVA, SR.		
Street Address 6 STARR COURT			Street Address 215 WATCH HILL ROAD		
City PAWCATUCK	State CT	Zip 06379	City WESTERLY	State RI	Zip 02891
Director Name THOMAS TOSCANO, JR.			Director Name NONE		
Street Address 41 SAUNDRA DRIVE			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

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

FILED

JUL 25 2012
 175514

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 Thomas Toscano, Jr. Date 7/3/12

Print or Type Name of Officer
Secretary/Treasurer
 Title of Officer

JUL 25 AM 10:16
 SECRETARY OF STATE
 CORPORATIONS DIV