



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 2013

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. 114420		2. Exact name of the Corporation Westerly Wrestling Club, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To provide opportunity to youth to participate in organized and supervised team play of wrestling and to inspire youth to practice the ideals of sportsmanship and physical fitness.			
5. Principal office address P.O. Box 225		City Westerly		State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Vincent Kubicsko		Vice-President Name Cheryl Kader			
Street Address 3 Essex Drive		Street Address 7 Ranger Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Paul Ottaviani		Treasurer Name Terence J. Malaghan			
Street Address 143 Potter Hill Road		Street Address 5 Doreen 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 Vincent Kubicsko		Director Name Terence J. Malaghan			
Street Address 3 Essex Drive		Street Address 5 Doreen Drive			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Paul Ottaviani		Director Name			
Street Address 143 Potter Hill 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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 22 2013

2030

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

Terence J. Malaghan

Print or Type Name of Officer

Treasurer

Title of Officer

Date