



**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. <b>113972</b>		2. Exact name of the Corporation <b>Westerly Girls' Softball League</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Recreational girls softball league</b>			
5. Principal office address <b>PO Box 44</b>		City <b>Westerly</b>		State <b>RI</b>	Zip <b>02891</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Greg LeClair</b>		Vice-President Name <b>Tara Calabrese</b>			
Street Address <b>Woody Hollow Road</b>		Street Address <b>25 Hesspar Dr.</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name		Treasurer Name <b>Beth DeGerlia</b>			
Street Address		Street Address <b>15 Azalea Drive</b>			
City	State	Zip	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Tom Northup</b>		Director Name <b>Steve Baker</b>			
Street Address <b>15 Robin Way</b>		Street Address <b>29 Washington Avenue</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Elisa Johnson</b>		Director Name <b>Carrie Robbins</b>			
Street Address <b>57 Schools St.</b>		Street Address <b>6 Joshua Street</b>			
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
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

**FILED**

Check No

By:

**JUL 22 2013**

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BY 1423

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

**7/17/2013**

Date

**Beth DeGerlia**

Print or Type Name of Officer

**Treasurer**

Title of Officer