



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. 113972		2. Exact name of the Corporation Westerly Girls' Softball League			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Recreational girls softball league			
5. Principal office address PO Box 44			City Westerly	State RI	Zip 02891
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Greg LeClair			Vice-President Name Tara Calabrese		
Street Address Woody Hollow Road			Street Address 25 Hesspar Dr.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name			Treasurer Name Beth DeGerlia		
Street Address			Street Address 15 Azalea Drive		
City	State	Zip	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 Tom Northup			Director Name Steve Baker		
Street Address 15 Robin Way			Street Address 29 Washington Avenue		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Elisa Johnson			Director Name Carrie Robbins		
Street Address 57 Schools St.			Street Address 6 Joshua Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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**

FOR SECRETARY OF STATE USE ONLY

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.

Beth DeGerlia 7/17/2013
 Signature of Officer Date

Beth DeGerlia
 Print or Type Name of Officer

Treasurer
 Title of Officer