



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 71154		2. Exact name of the Corporation West Bay Anglers	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Fishing Club raises money for Impossible Dream, RI Talk a kind fishing	
5. Principal office address 10 Samuel Court		City Cranston	State RI Zip 02920
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Patrick F Gallien		Vice-President Name Arthur Bryer	
Street Address 102 Bartlett # Ave		Street Address 25 Burbank Dr	
City Cranston	State RI	City Warwick	State RI Zip 02888
Secretary Name Sue Bologna		Treasurer Name Claudia Anthony	
Street Address 144 Dunton Rd		Street Address 241 Harrison Ave	
City Warwick	State RI	City Warwick	State RI Zip 02888
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 Voisinot, Edwin		Director Name Pendergast Brian	
Street Address 8 Lane D		Street Address 220 Cole Ave	
City Coventry	State RI	City Warwick	State RI Zip 02888
Director Name Barker Jeffrey		Director Name	
Street Address 63 Lyman Ave		Street Address	
City Warwick	State RI	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, duly Authorized Representative, Receiver or Trustee

FILED

File Date JUL 15 2014

Check No _____ BY 1135

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.

[Signature] 7-11-14
 Signature of Officer or Authorized Representative Date
TAM Tameo - Past President
 Print or Type Name of Officer or Authorized Representative