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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 2015

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.	2. Exact name of the Corporation
00150889	Westerly Band
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Non-profit community musical organization providing concerts, parades, processions, and ensemble performances for Westerly and neighboring towns.

5. Principal office address	City	State	Zip
P.O. Box 614	Westerly	RI	02891

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Roy D. Clark	69 Palmer St.	Pawcatuck	CT	06379
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Dora Georgeady	29 Cronin Ave.	Paecatuck	CT	06369
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Lin Lowe	24 Fern Dr.	Westerly	RI	02891
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Allen Leadbetter	16 Handel Rd.	Westerly	RI	02891

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Alison Patton	53 Quannacut Rd.	Westerly	RI	02891
Director Name	**Street Address**	**City**	**State**	**Zip**
John Bruno	23 Gounod Rd.	Westerly	RI	02891
Director Name	**Street Address**	**City**	**State**	**Zip**
Barry Thorp	27 Flanders Rd.	Mystic	CT	06355
Director Name	**Street Address**	**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

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

FILED
JUN 08 2015
BY 1568

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.

Roy D. Clark — 06/01/2015
Signature of Officer or Authorized Representative — Date

Roy D. Clark
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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