RI SOS Filing Number: 201563854770 Date: 06/26/2015 4:00 PM

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
878056	Westerly High School Sports Boosters
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: To raise funds to assist coaches with costs above the budgeted funds for the athletic department. While encouraging integrity and sportsmanship

5. Principal office address	City	State	Zip
P.O. Box 2058	Westerly	RI	02891

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

President Name	Vice-President Name
Jaclyn Foss	Janice Roblin
Street Address: 66 Woody Hill Rd.	Street Address: 4 Lakeside Drive
City: Westerly State: RI Zip: 02891	City: Westerly State: RI Zip: 02891
Secretary Name	**Treasurer Name**
Michelle Morrone	Rebecca J. Woodward
Street Address: 53 Yankee Drive	Street Address: 8 Champlin 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) ☐

Director Name	Director Name
Leah Holloway	Trudee Carreira
Street Address: 33 Laurel Ave.	Street Address: 7 Newton Ave
City: Westerly State: RI Zip: 02891	City: Westerly RI State: RI Zip: 02891
Director Name	**Director Name**
Terry Ohltz	Adam Kaufman
Street Address: 19 Knowles Ave	Street Address: 8 Champlin Drive
City: Westerly State: RI Zip: 02891	City: Westerly RI 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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: 2015 JUN 26 AM 9:30

FOR SECRETARY OF STATE USE ONLY

SECRETARY OF STATE CORPORATIONS DIV

FILED

JUN 26 2015

By 251720

KM

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.

Rebecca J. Woodward 6-15-15
Signature of Officer or Authorized Representative Date

Rebecca J. Woodward – Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122416-1-1044709