



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 **2016**

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. 00150889		2. Exact name of the Corporation Westerly Band			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non-profit community musical organization providing concerts, parades, processions, and ensemble performances for Westerly and neighboring towns.			
5. Principal office address P.O. Box 614		City Westerly	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Roy D. Clark		Vice-President Name Dora Georgeady			
Street Address 68 Palmer St.		Street Address 29 Cronin Ave.			
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Secretary Name Lin Lowe.		Treasurer Name Allen Leadbetter			
Street Address 24 Fern Dr.		Street Address 16 Handel Rd.			
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) <input type="checkbox"/>					
Director Name Alison Patton		Director Name John Bruno			
Street Address 53 Quannacut Rd.		Street Address 23 Gounod Rd.			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Barry Thorp		Director Name			
Street Address 27 Flanders Rd.		Street Address			
City Mystic	State Ct	Zip 06365	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
 MAY 16 2016
 1598

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.

Allen Leadbetter Treasurer 5/13/16
 Signature of Officer or Authorized Representative Date

Allen Leadbetter Treasurer
 Print or Type Name of Officer or Authorized Representative