



**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

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

Filing Fee: \$20.00 **\*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID Number		2. Exact name of the Corporation			
35540		Westerly Residents for Thoughtful Development			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		preserve natural resources and environment in Westerly, RI			
5. Principal Office Address			City	State	Zip
26 Avondale Rd			Westerly	RI	02891
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
Kate Townsend					
Street Address			Street Address		
26 Avondale Rd					
City	State	Zip	City	State	Zip
Westerly	RI	02891			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Chorliss Curtis			Haisy Moore		
Street Address			Street Address		
56 Avondale Rd			32 Yosemite Valley Rd		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Watch Hill	RI	02891
Director Name			Director Name		
Cynthia Saulco					
Street Address			Street Address		
77 Watch Hill Rd					
City	State	Zip	City	State	Zip
Westerly	RI	02891			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative					Date
Kate B. Townsend					5/31/16
Signature of Officer/Authorized Representative					
<i>K. Townsend</i>					

**FILED** ✓

JUN 02 2016

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