



**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



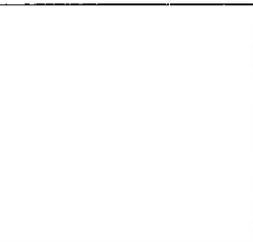
Non-Profit Corporation Annual Report for the year: 2016

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	
30017		The Westerly Hospital Auxiliary Inc.	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RI		Provide services to the hospital, supplementary financial assistance to projects.	
5. Principal Office Address		City	State
25 Wells Street		Westerly	RI
		Zip	02891
6. List ALL officers (names and addresses)		Check the box to indicate an attachment <input type="checkbox"/>	
President Name Carol Desillier		Vice-President Name Paula Niedermann	
Street Address 10 Stony Hill Road		Street Address 14 Driftwood Drive	
City Mystic	State CT	Zip 06355	City Charlestown
			State RI
			Zip 02813
Secretary Name Barbara Wright		Treasurer Name Tracey Wells	
Street Address 11 Round Hill Road		Street Address 13 Holly Drive	
City Watch Hill	State RI	Zip 02891	City Westerly
			State RI
			Zip 02891
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input checked="" type="checkbox"/>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<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
Bruce D. Cummings, Authorized Representative			5/31/16
Signature of Officer/Authorized Representative			



FILED
JUN 06 2016

BY 307812

The Westerly Hospital Auxiliary

BOARD OF DIRECTORS – 2015/2016, as of 10/2015

Carol Desillier
President
10 Stony Hill Road
Mystic, CT 06355

Linda Philips
Scholarship Chairperson
125 Sunset Avenue
Charlestown, RI 02813

Paula Niedermann
Vice President
14 Driftwood Drive
Charlestown, RI 02813

Dwen Heminway
Member at Large
P.O. Box 1420
Charlestown, RI 02813

Barbara Wright
Secretary
11 Round Hill Road
Watch Hill, RI 02891

Connie Wiggerhauser
Board Member
24 Windward Drive
Westerly, RI 02891

Tracey Wells
Treasurer
13 Holly Drive
Westerly, RI 02891

Valerie Blume
Board Member
52 Verdi Road
Westerly, RI 02891

Betty Lombardo
Past President
81 Avondale Road
Westerly, RI 02891