



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

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SECRETARY OF STATE  
CORPORATIONS DIV

2016 JUN 24 PM 2:57

**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 83608		2. Exact name of the Corporation West Bay Chorale	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Present chorale singing programs.	
5. Principal Office Address P.O. Box 8856		City Warwick	State RI
		Zip 02888	
6. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Jeni Luther		Vice-President Name Mark Putnam	
Street Address 5 Elmonte Dr.		Street Address 28 Slater Ave.	
City Coventry	State RI	City Warwick	State RI
Zip 02816		Zip 02889	
Secretary Name Wanda Hopper		Treasurer Name John Marsella	
Street Address 160 Selma St.		Street Address 129 Hawkins Blvd.	
City Cranston	State RI	City North Prov.	State RI
Zip 02920		Zip 02911	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Heather Barry		Director Name Anthony Tribelli	
Street Address 38 Carrie Ann Drive		Street Address 7 Robbins Dr.	
City Cranston	State RI	City Barrington	State RI
Zip 02921		Zip 02806	
Director Name Sandra Hyland		Director Name Ellen Conner	
Street Address 50 Long Lane		Street Address 2616 Harkney Hill Rd.	
City N. Kingstown	State RI	City Coventry	State RI
Zip 02852		Zip 02816	
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 John Marsella			Date 6/24/16
Signature of Officer/Authorized Representative <i>John Marsella</i>			SIGN DOCUMENT HERE

**FILED**

JUN 24 2016

By 277591

A.A.