RI SOS Filing Number: 201601311010 Date: 07/05/2016 4:00 PM

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

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CORPORATIONS DIV
2016 JUL -5 PM 12:07

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		
158746	THE WESTERLY GRIDIRON ASSOC.		
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**		
RI	TO SUPPORT YOUTH SPORTS AND RECREATION		
5. Principal Office Address	**City**	**State**	**Zip**
~~36~~ ~~POTTER~~ ~~HILL~~ 36 POTTER HILL ROAD	WESTERLY	RI	02891

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Vice-President Name
MATTHEW WEST	ROBERT GEBLER
Street Address: 36 POTTER HILL ROAD	Street Address: 3 CANYON DRIVE
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Secretary Name	**Treasurer Name**
WILLIAM SMIAGIO	WILLIAM SMIAGIO
Street Address: 37 EAST AVE	Street Address: 37 EAST AVE
City: WESTERLY 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 ☐

Director Name	Director Name
MATTHEW WEST	ROBERT GEBLER
Street Address: 36 POTTER HILL ROAD	Street Address: 3 CANYON DR.
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Director Name: WILLIAM SMIAGIO	Director Name
Street Address: 37 EAST AVE	Street Address
City: WESTERLY State: RI Zip: 02891	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
MATTHEW WEST	6/30/16

Signature of Officer/Authorized Representative: Matthew West SIGN DOCUMENT HERE (Matthew West)

FILED
JUL 05 2016
BY 278316

Form No. 631
Revised: 2016
138958-2-1116326