



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 48296		2. Exact name of the Corporation Local Development Company of Westerly, Inc.			
3. Principal Office Address 8 High Street		City Westerly		State RI	Zip 02891
4. NAICS Code 81 - Other Services (except)	6. Brief description of the character of business conducted in Rhode Island Promote business growth and provide convenient parking.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kevin Algieri			Vice-President Name Rachel Doyle		
Street Address 8 High Street			Street Address 75 Potter Hill Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Rachel Doyle			Treasurer Name Kevin Algieri		
Street Address 75 Potter Hill Road			Street Address 8 High Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rachel Doyle			Director Name Kevin Algieri		
Street Address 75 Potter Hill Road			Street Address 8 High Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Larry J. Hirsh			Director Name Frederick C. Eckel, Jr.		
Street Address 4 Peepthoad Road			Street Address 41 Grove Ave.		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		88		Common	no par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Kevin Algieri				Date 2-25-17	
Signature of Authorized Representative <i>Kevin Algieri</i>				SIGN DOCUMENT HERE	

FILED

FEB 27 2017

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