



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000113972

**2. Name of Corporation** Westerly Girls' Softball League, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 44  
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 530 IVES RD  
City or Town: EAST GREENWICH State: RI Zip: 02818-4609 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

PROVIDING AND OPPORTUNITY FOR YOUNGSTERS TO PARTICIPATE IN ORGANIZED, SUPERVISED TEAM PLAY.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | JOSH ARNOLD   | 15 MICHAELS WAY<br>WESTERLY, RI 02891 USA                         |
| TREASURER      | BETH DEGERLIA   | 15 AZALEA DRIVE<br>WESTERLY, RI 02891 USA                         |
| SECRETARY      | STEPHANIE BRUNO                                       | 14 BRENDEN ST<br>WESTERLY, RI 02891 USA                           |
| VICE PRESIDENT | GERALD AUTH   | 34 TROLLY LANE<br>WESTERLY, RI 02891 USA                          |
| DIRECTOR       | KEVIN CRONIN  | 3 SHERWOOD DRIVE<br>WESTERLY, RI 02891 USA                        |
| DIRECTOR       | JENNIFER GABRIELE                                     | 2 SCHILKE DRIVE<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | KRYSTAL TEFFT   | 219 CANAL ST.<br>WESTERLY, RI 02891 USA                           |
| DIRECTOR       | KEVIN MITCHELL  | 8 SPARROW DRIVE<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | STEVE STOEHR  | 4 LAUREL AVENUE<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | MELISSA STOEHR  | 4 LAUREL AVENUE<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | BRENT FUSARO  | 11 BENJAMIN STREET<br>WESTERLY, RI 02891 USA                      |
| DIRECTOR       | MARK ROBBINS  | 6 JOSHUA STREET<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | CARRIE ROBBINS  | 6 JOSHUA STREET<br>WESTERLY, RI 02891 USA                         |
| DIRECTOR       | STEVE BAKER   | 29 WASHINGTON AVENUE<br>WESTERLY, RI 02891 USA                    |
| DIRECTOR       | MATT DAVEY  | 10 WALL STREET<br>WESTERLY, RI 02891 USA                          |
| DIRECTOR       | KRISTEN FEDERICO                                      | 39 FORRESTAL DRIVE<br>WESTERLY, RI 02891 USA                      |
| DIRECTOR       | SARAH BAKER   | 29 WASHINGTON AVE.<br>WESTERLY, RI 02891 USA                      |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BETH DEGERLIA 15 AZALEA DRIVE WESTERLY , RI 02891

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

*Signed this 4 Day of July, 2017 at 1:56:13 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BETH DEGERLIA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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