RI SOS Filing Number: 201748018090 Date: 7/27/2017 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2017

Phone: (401) 222-3040 Website: www.sos.ri.gov

→ Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 145606		2. Exact name of the Corporation Westerly Education Endowment Fund, Inc.					
3. State of Incorporation		Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND		Create & maintain an endowment fund for supplemental education of Westerly stude					
4. NAICS Code			omient fand for supplei	nental education of v	vesterly stude		
813219							
6. Principal Office Address		City	State	Zip			
P.O. Box 1219			Westerly	RI	02891		
7. List ALL officers (name				Check the box to indicate	te an attachment		
President Name MICHAEL P. LYNCH			Vice-President Name PHILLIP L. FRIEND				
Street Address 117 High Street, P.O. Box 761		Street Address 5L Havens Road					
City Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891		
Secretary Name FRANCE	S PRESCOTT		Treasurer Name	<u> </u>			
Street Address 69 High Street		Street Address					
City Westerly	State RI	^{Zip} 02891	City	State	Zip		
3. List ALL directors (name	es and addresses). RI C	Corporations MUST	list at least THREE directors				
Director Name AARON MO	ctor Name AARON MORRONE		Check the box to indicate an attachmer Director Name DEB VENTRESCA				
Street Address 21 Springbrook Road		Street Address 1 Westview Drive					
ity Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891		
irector Name COLLEEN	SAILA		Director Name ROY SEIT				
Street Address 8 Matarese Hills		Street Address 15 Highland Avenue					
^{ity} Westerly	State RI	^{Zip} 02891	City Westerly	State RI	^{Zip} 02891		
Registered Agent in Rho	de Island. This information	on is currently of recor	d in the Department of State. Ch	anges require filing Form 6			
nder penalty of perjury, atements, and that all s	I declare and affirm th	nat I have examine	d this report, including any	accompanying schedu	ules and		
			ecretary, Treasurer, duly Authorized f	Representative, Receiver or Trus			
ame of Officer/Authorized	Representative	1		Date Date			
MICHAEL D	- hyrest	[MESI	DENT	7/0	117		
nature of Officer/Authoriz	eu representative						
	9	•		FILED	4		

RM 631 - Revised: 05/2017

ID: 145606

Additional Directors:

Jennifer Luther 10 North Drive Westerly, RI 02891

Margaret Fusaro 15 Wicklow Road Westerly, RI 02891

Timothy Lemoine 66 Tum U Lum Circle Westerly, RI 02891

Ernie Muccio 8 Hickory Lane Westerly, RI 02891

Stephen White 16 Windover Turn Westerly, RI 02891

Megan Herlihy 16 Castle Way Westerly, RI 02891

Chris DiPaolo P.O. Box 2175 Westerly, RI 02891

Michelle Pinto 4 Benson Avenue Westerly, RI 02891

Debra Pendola 80 Fern Drive Westerly, RI 02891

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JUL 27 2017

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