



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

Annual Report for the year:
Non-Profit Corporation

2017

STAMP

- 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 <u>0011664759</u>		2. Exact name of the Corporation <u>Westerly Volleyball Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>We provide athletic league organization and events.</u>	
4. NAICS Code <u>713990</u>			
6. Principal Office Address <u>42 Randeau Passage</u>		City <u>Westerly</u>	State <u>RI</u>
		Zip <u>02891</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name		Vice-President Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Heath Dugas</u>		Director Name <u>Geoff Tascia</u>	
Street Address <u>42 Randeau Passage</u>		Street Address <u>1163 South Broad St. Suite 5</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Pawcatuck</u>	State <u>CT</u>
Zip <u>02891</u>		Zip <u>06379</u>	
Director Name <u>Jennifer Sim</u>		Director Name	
Street Address <u>309 Gold Star Highway</u>		Street Address	
City <u>Groton</u>	State <u>CT</u>	City	State
Zip <u>06340</u>		Zip	
9. 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 <u>Jennifer Sim</u>			Date <u>2/14/18</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			SIGN DOCUMENT HERE FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 22 2018

BY [Signature]

FORM 631 - Revised: 11/2017