

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017
Non-Profit Corporation	2011

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→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number	2. Exact name of the Corporation						
00/1de4759	Western Vollanball Association						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
15F	We provide athlitic league organization and events.						
4. NAICS Code	and events.						
713990							
6. Principal Office Address			City	State	Zip		
42 Randeau	Passagl		Westerly	RJ	0289)		
7. List ALL officers (names and add	lresses)			k the box to indicate	an attachment		
President Name			Vice-President Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Secretary Name	Treasurer Name		Treasurer Name				
Street Address	S		Street Address				
City	State	Zip	City	State	- Zip		
8. 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					
Street Address	~	· · · · · · · · · · · · · · · · · · ·	Cheart Addeson	Geoff Jasca			
Street Address Randbay	Yassag	r -	163 South Brown	\$ 84, Sui	e 5		
W) Sterry	State	2691	tawatuck.	State	06379		
Director Name	Sim		Director Name				
Street Address	Star F	Fêshuru	Street Address				
Circonstra	State	20(0341)	City	State	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.							
Statements, and that all statements contained nerein are true and correct. This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative Date							
Venniter Jim			2/14/18				
Signature of Officer/Authorized Representative							
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.n.gov