



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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**Annual Report for the year:** 2019  
**Non-Profit Corporation**

- 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<br><u>001 664759</u>   |                    | 2. Exact name of the Corporation<br><u>Westerly Volleyball Association</u>                                    |  |                    |                        |
| 3. State of Incorporation<br><u>RI</u>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><u>Volleyball league group</u> |  |                    |                        |
| 4. NAICS Code<br><u>711211</u>   |                    |   |  |                    |                        |
| 6. Principal Office Address<br><u>309 Gold Star Highway</u>  |                    |   | City<br><u>Groton</u>                      | State<br><u>CT</u> | Zip<br><u>06340</u>    |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |  |                    |                        |
| President Name<br><u>Jennifer Sim</u>  |                    |   | Vice-President Name<br><u>Shawn Cole</u>   |                    |                        |
| Street Address<br><u>309 Gold Star Highway</u>   |                    |   | Street Address<br><u>342 Ross Hill Rd.</u> |                    |                        |
| City<br><u>Groton</u>  | State<br><u>CT</u> | Zip<br><u>06340</u>   | City<br><u>Charlestown</u>                 | State<br><u>RI</u> | Zip<br><u>02813</u>    |
| Secretary Name<br><u>Adam Sim</u>  |                    |   | Treasurer Name                             |                    |                        |
| Street Address<br><u>309 Gold Star Highway</u>   |                    |   | Street Address                             |                    |                        |
| City<br><u>Groton</u>  | State<br><u>CT</u> | Zip<br><u>06340</u>   | City                                       | State              | Zip                    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |   |  |                    |                        |
| Director Name<br><u>Jennifer Sim</u>   |                    |   | Director Name<br><u>Shawn Cole</u>         |                    |                        |
| Street Address<br><u>309 Gold Star Highway</u>   |                    |   | Street Address<br><u>342 Ross Hill Rd.</u> |                    |                        |
| City<br><u>Groton</u>  | State<br><u>CT</u> | Zip<br><u>06340</u>   | City<br><u>Groton</u>                      | State<br><u>CT</u> | Zip<br><u>06340</u>    |
| Director Name<br><u>Adam Sim</u>   |                    |   | Director Name                              |                    |                        |
| Street Address<br><u>309 Gold Star Highway</u>   |                    |   | Street Address                             |                    |                        |
| City<br><u>Groton</u>  | State<br><u>CT</u> | Zip<br><u>06340</u>   | 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.  |                    |   |  |                    |                        |
| <b>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.</b>        |                    |   |  |                    |                        |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>   |                    |   |  |                    |                        |
| Name of Officer/Authorized Representative<br><u>Jennifer Sim</u>   |                    |   |  |                    | Date<br><u>3/15/19</u> |
| Signature of Officer/Authorized Representative<br>   |                    |   |  |                    |                        |

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

SIGN DOCUMENT **FILED**  
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 BY KL JH4X3