



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

FILED
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 JUN 07 2019
 BY 3120

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 000031305		2. Exact name of the Corporation The Rotary Club of Westerly			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island membership non-profit organization			
4. NAICS Code 813410					
6. Principal Office Address PO Box 407		City Westerly	State RI	Zip 02891	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President: Name Kathryn Taylor		Vice-President Name Theodore Avedesian			
Street Address 54 Sunrise Avenue		Street Address 100 Main Street			
City Pawcatuck	State CT	Zip 06379	City Westerly	State RI	Zip 02891
Secretary Name Rosemarie A Russo		Treasurer Name Rosemarie A Russo			
Street Address 46 John Street		Street Address 46 John Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Rona Mann		Director Name Christopher DiPaola			
Street Address 18 Carol Drive		Street Address 25 Dayton Street			
City Hope Valley	State RI	Zip 02832	City Westerly	State RI	Zip 02891
Director Name Steve Cofone		Director Name Kristina Dimova			
Street Address 4 Wompaq Road		Street Address 86 Beach Street			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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.					
<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 Rosemarie A Russo, Secy/Treas				Date 2 June 2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov