



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

Annual Report for the year: 2019  
 Non-Profit Corporation

FILED

JUN 10 2019

BY 1001 DS

- 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>000035540</u>		2. Exact name of the Corporation <u>Westerly Residents for Thoughtful Development Inc.</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Protecting land for the community</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>26 Avondale Rd</u>			City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</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 <u>Halsy Moore</u>			Vice-President Name		
Street Address <u>32 Yossante Rd</u>			Street Address		
City <u>Watch Hill</u> <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 <u>Cynthia Seelco</u>			Director Name <u>Kate Townsend</u>		
Street Address <u>11 Watch Hill Rd</u>			Street Address <u>26 Avondale Rd</u>		
City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
Director Name			Director Name <u>Charal Curtis</u>		
Street Address			Street Address <u>56 Avondale Rd</u>		
City	State	Zip	City <u>Westerly</u>	State <u>RI</u>	Zip <u>02891</u>
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 <u>Kate Townsend</u>					Date <u>6/6/19</u>
Signature of Officer/Authorized Representative <u>Kate Townsend</u>					SIGN DOCUMENT HERE