

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year:

Non-Profit Corporation

2019

2019 JUL 25 PM 4:30

→ 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 001340230		2. Exact name of the Corporation League of Women Voters of West Bay	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non Partisan - Political Organization	
4. NAICS Code 813940			
6. Principal Office Address 36 Capt. John Jacob Road #109		City East Providence	State R.I.
		Zip 02914	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Helen S. Taylor		Vice-President Name Richard Rongseth	
Street Address 36 Capt. John Jacob Road #109		Street Address 170 Budding Farm Road	
City E. Providence	State R.I.	City Warwick	State R.I.
Zip 02914		Zip 02886	
Secretary Name Kelly Taylor		Treasurer Name Shari Conley	
Street Address 14 Crystal Drive		Street Address 95 Lag Road	
City Warwick	State R.I.	City Harrisville	State R.I.
Zip 02889		Zip 02860	
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 Leo W. Barretty		Director Name Paul McNeil Jr.	
Street Address 36 Capt. John Jacob Road #109		Street Address 75 Minnesota Avenue	
City E. Providence	State R.I.	City Warwick	State R.I.
Zip 02914		Zip 02889	
Director Name Michael Zarum		Director Name Jacqueline Gaud	
Street Address 139 Northampton Street		Street Address 8 Alfred Street	
City Warwick	State R.I.	City West Warwick	State R.I.
Zip 02888		Zip 02860	
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 Helen S. Taylor			Date 7/25/19
Signature of Officer/Authorized Representative Helen S. Taylor			FILED