RI SOS Filing Number: 201911324690 Date: 8/9/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
000158746	WESTERLY GRIDIRON ASSOC.
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	TO SUPPORT YOUTH SPORTS AND RECREATION
4. NAICS Code	
813219	

6. Principal Office Address	City	State	Zip
36 POTTER HILL ROAD	WESTERLY	RI	02891

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MATTHEW WEST	ROBERT GEBLER
Street Address	**Street Address**
36 POTTER HILL ROAD	3 CANYON AVE.
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Secretary Name	**Treasurer Name**
WILLIAM SAMIAGIO	WILLIAM SAMIAGIO
Street Address	**Street Address**
57 EAST AVE	57 EAST AVE
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 ☐

Director Name	Director Name
MATTHEW WEST ↓	ROBERT GEBLER
Street Address	**Street Address**
36 POTTER Hill Rd	3 CANYON AVE
City: WESTERLY State: RI Zip: 02891	City: WESTERLY State: RI Zip: 02891
Director Name	**Director Name**
WILLIAM SAMIAGIO	
Street Address	**Street Address**
57 EAST AVE	
City: WESTERLY State: RI Zip: 02891	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.

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	Date
MATTHEW WEST	8/6/19

Signature of Officer/Authorized Representative: Matthew West SIGN DOCUMENT HERE

FILED
AUG 09 2019
BY 286

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

FORM 631 - Revised: 06/2019