



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

STAMP

→ 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 000158746		2. Exact name of the Corporation WESTERLY GRIDIRON ASSOC.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO SUPPORT YOUTH SPORTS AND RECREATION	
4. NAICS Code 813219			
6. Principal Office Address 36 POTTER HILL ROAD		City WESTERLY	State RI
		Zip 02891	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name MATTHEW WEST		Vice-President Name ROBERT GERBER	
Street Address 36 POTTER HILL ROAD		Street Address 3 CANYON AVE.	
City WESTERLY	State RI	Zip 02891	
Secretary Name WILLIAM SANTIAGO		Treasurer Name WILLIAM SANTIAGO	
Street Address 57 EAST AVE		Street Address 57 EAST AVE	
City WESTERLY	State RI	Zip 02891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name ↓ MATTHEW WEST		Director Name ROBERT GERBER	
Street Address 36 POTTER HILL RD		Street Address 3 CANYON AVE	
City WESTERLY	State RI	Zip 02891	
Director Name WILLIAM SANTIAGO		Director Name	
Street Address 57 EAST AVE		Street Address	
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.			
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 MATTHEW WEST			Date 8/6/19
Signature of Officer/Authorized Representative <i>Matthew West</i>			SIGN DOCUMENT HERE <b>FILED</b> <i>VM</i>

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

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