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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

MAY 29 2020

→ Filing period. June 1 - June 30 🕠

→ Filing Fee: \$20 00

-> Penalty. Additional \$25.00 fee if form is not filed by July 30.

3 State of Incorporation 5. Brief description of the character of business conducted in Rhode Island 1. NAICS Code 7. Light All officers (names and addresses) 8. Street Address 9. St	<u> </u>						
4. NAICS Code B 132-19 6. Principal Office Address City State AUCHONNA 7. List ALL Officers (names and addresses) President Name WCBTMY AUCHONNA 7. List ALL Officers (names and addresses) President Name WCBTMY AUCHONNA President Name WCBTMY AUCHONNA Street Address S	1. Entity ID Number	2. Exact name of the Corporation					
4. NAICS Code B 132-19 6. Principal Office Address City State AUCHONNA 7. List ALL Officers (names and addresses) President Name WCBTMY AUCHONNA 7. List ALL Officers (names and addresses) President Name WCBTMY AUCHONNA President Name WCBTMY AUCHONNA Street Address S	000158746 X	MWESTERLY GRIDERIAN ASSOC					
6. Principal Office Address 6. Principal Office Address 7. List ALL Officers (names and addresses) 8. Street Address 9. Registered Agent in Rhode Island. This information is currently of record in the Department of State Changes require filing Form 641 8. 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. 8. This report must be President, Verenous Means of Trustice 1. Name of Officer/Authorized Representative	3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
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7. List ALL officers (names and addresses) Street Address St	6. Principal Office Address			1	State	Zip	
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Street Address City WESTERY State Director Name City WESTERY Street Address Street Addres	President Name MISTATO WEST			Kobora CEBLOR			
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Street Address Street	WESTERW	Stale	21p 2591	City WESTERLY	State	2ip 02831	
Street Address City WESTRY Stake Sta	Secretary Name WICHM SAWY970			Treasurer Name / /			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment Director Name	Street Address 8185 AJE			Street Address			
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Street Address 36 STREET HILL BY State Zip J City WENTERLY State Zip J Director Name Director Name WILLIAM CAUGIL Street Address Street Ad	8. List ALL directory (names and addresses). RI Corporations MUST list at least THREE directors.						
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City Was Fig. State Zip Sign 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 Matthew West	Director Name WILLIAM SAWAGIL			Director Name /			
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MASTINEN WEST STUTZOW	This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee						
MASTINEW WEST 5/27/2000	Name of Officer/Authorized Repres	entative			Date	Date	
OT A CONTRACT OF THE PROPERTY	MASTINEW WEST SIZTICOTO						
Signature of Officer/Authorized Représentative SICHARAMENT IFF							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov