



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year: 2020
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.

BY 29105

1. Entity ID Number <u>000158746</u>		2. Exact name of the Corporation <u>WESTERLY GOLF AND COUNTRY ASSOC</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>TO SUPPORT YOUTH SPORTS AND RECREATION</u>	
4. NAICS Code <u>813219</u>			
6. Principal Office Address <u>36 POTTER HILL ROAD</u>		City <u>WESTERLY</u>	State <u>RI</u> Zip <u>02891</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>MATTHEW WEST</u>		Vice-President Name <u>ROBERT GEBLER</u>	
Street Address <u>36 POTTER HILL ROAD</u>		Street Address <u>3 CANYON DRIVE</u>	
City <u>WESTERLY</u>	State <u>RI</u>	City <u>WESTERLY</u>	State <u>RI</u> Zip <u>02891</u>
Secretary Name <u>WILLIAM SAVAGIO</u>		Treasurer Name <u>WILLIAM SAVAGIO</u>	
Street Address <u>57 EAST AVE</u>		Street Address <u>57 EAST AVE</u>	
City <u>WESTERLY</u>	State <u>RI</u>	City <u>WESTERLY</u>	State <u>RI</u> Zip <u>02891</u>
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 <u>MATTHEW WEST</u>		Director Name <u>ROBERT GEBLER</u>	
Street Address <u>36 POTTER HILL ROAD</u>		Street Address <u>3 CANYON DR.</u>	
City <u>WESTERLY</u>	State <u>RI</u>	City <u>WESTERLY</u>	State <u>RI</u> Zip <u>02891</u>
Director Name <u>WILLIAM SAVAGIO</u>		Director Name	
Street Address <u>57 EAST AVE</u>		Street Address	
City <u>WESTERLY</u>	State <u>RI</u>	City	State <u>RI</u> 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 <u>MATTHEW WEST</u>			Date <u>5/27/2020</u>
Signature of Officer/Authorized Representative <u>[Signature]</u> <u>(Pres)</u>			

MAIL TO:

Division of Business Services
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