



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020

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.

FILED

JUL 27 2020

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1. Entity ID Number <u>001 064759</u>		2. Exact name of the Corporation <u>Westerly Volleyball Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Volleyball league group</u>	
4. NAICS Code <u>711211</u>			
6. Principal Office Address <u>309 Gold Star Highway</u>		City <u>Croton</u>	State <u>CT</u>
		Zip <u>06340</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Jennifer Sim</u>		Vice-President Name <u>Shawn Cole</u>	
Street Address <u>309 Gold Star Highway</u>		Street Address <u>342 Ross Hill Rd.</u>	
City <u>Croton</u>	State <u>CT</u>	City <u>Charlestown</u>	State <u>RI</u>
Zip <u>06340</u>		Zip <u>02813</u>	
Secretary Name <u>Adam Sim</u>		Treasurer Name	
Street Address <u>309 Gold Star Highway</u>		Street Address	
City <u>Croton</u>	State <u>CT</u>	City	State
Zip <u>06340</u>		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Jennifer Sim</u>		Director Name <u>Shawn Cole</u>	
Street Address <u>309 Gold Star Highway</u>		Street Address <u>342 Ross Hill Rd.</u>	
City <u>Croton</u>	State <u>CT</u>	City <u>Croton</u>	State <u>CT</u>
Zip <u>06340</u>		Zip <u>06340</u>	
Director Name <u>Adam Sim</u>		Director Name	
Street Address <u>309 Gold Star Highway</u>		Street Address	
City <u>Croton</u>	State <u>CT</u>	City	State
Zip <u>06340</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>Jennifer Sim</u>			Date <u>3/15/19</u>
Signature of Officer/Authorized Representative <u>Jennifer Sim</u>			

SIGN DOCUMENT