



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

FILED

JUL 27 2020

0643

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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.

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