RI SOS Filing Number: 202196582410 Date: 5/13/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
MAY 13 2021
BY

Annual Report for the year: 2021
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	2. Exact name of the Corporation
001664759	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	City	State	Zip
309 Gold Star Highway	Groton	CT	06340

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jennifer Sim	Shawn Cole
Street Address: 309 Gold Star Highway	Street Address: 111e Old Mountain Rd.
City: Groton / State: CT / Zip: 06340	City: Richmond / State: RI / Zip: 02892
Secretary Name: Adam Sim	Treasurer Name
Street Address: 309 Gold Star Highway	Street Address
City: Groton / 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 ☐

Director Name	Director Name
Jennifer Sim	Shawn Cole
Street Address: 309 Gold Star Highway	Street Address: 111e Old Mountain Rd.
City: Groton / State: CT / Zip: 06340	City: Richmond / State: RI / Zip: 02892
Director Name: Adam Sim	Director Name
Street Address: 309 Gold Star Highway	Street Address
City: Groton / State: CT / Zip: 06340	City / State / Zip

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Jennifer Sim	5/7/21

Signature of Officer/Authorized Representative: Jennifer Sim

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

FORM 631 - Revised: 08/2020