Rhode Island
Department of State - Business Services Division

JUN 14 2021 a
BY 136

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
001703337	**Rotary Club of Westerly Foundation**
3 State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Corporation is being organized exclusively for charitable, education and scientific purposes. Will engage in charitable fundraising and the making of distributions to organizations that suppo the goal of the Rotary Foundation to create lasting change across the globe and in our community.
4. NAICS Code: 813990 - Other Similar Organizat	

6. Principal Office Address	City	State	Zip
PO Box 407	Westerly	RI	02891

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

President Name: Rona Mann			Vice-President Name: Theodore Avedesian		
Street Address: 18 Carol Drive			Street Address: 100 Main Street		
City: Hope Valley	State: RI	Zip: 02832	City: Westerly	State: RI	Zip: 02891
Secretary Name: Julie M Lord			Treasurer Name: Rosemarie A Russo		
Street Address: 12 Meadow Ridge			Street Address: 46 John Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Kathryn Taylor			Director Name: Stephen R Cofone		
Street Address: 54 Sunrise Ave			Street Address: 4 Wompaq Road		
City: Pawcatuck	State: CT	Zip: 06379	City: Westerly	State: RI	Zip: 02891
Director Name: Christopher DiPaola			Director Name:		
Street Address: 37 Diamond Hill Road			Street Address:		
City: Bradford	State: RI	Zip: 02808	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
Rosemarie A Russo	9 Jun 2021

Signature of Officer/Authorized Representative: Rosemarie A Russo

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