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.

1. Entity ID Number	2. Exact name of the Corporation
000605290	**Westerly Lions Foundation**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Domestic Non-Profit Charitable Corporation**
4. NAICS Code: **813219 - Other Grantmaki**	

6. Principal Office Address	City	State	Zip
P.O. Box 611	**Westerly**	**RI**	**02891**

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

President Name: **Alan Martone**			Vice-President Name: **Jean Gagnier**		
Street Address: **10 Terrace Avenue**			Street Address: **6 Narragansett Avenue**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Westerly**	State: **RI**	Zip: **02891**
Secretary Name: **Alexandra Thavenet**			Treasurer Name: **Nicholas Stahl**		
Street Address: **31 Jeffrey Road**			Street Address: **55 Elm Street**		
City: **Pawcatuck**	State: **CT**	Zip: **06379**	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: **Celeste Santilli**			Director Name: **Anthony Pascetta**		
Street Address: **12A Coastal Court**			Street Address: **31 Sycamore Drive**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Westerly**	State: **RI**	Zip: **02891**
Director Name: **Daniel Marantz**			Director Name: **Michael Geary**		
Street Address: **33 Urso Drive**			Street Address: **16 Tomaquag Road**		
City: **Westerly**	State: **RI**	Zip: **02891**	City: **Bradford**	State: **RI**	Zip: **02808**

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	Date
Nicholas J. Stahl, Treasurer	**6/21/21**

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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: 05/2017