



State of Rhode Island  
Department of State - Business Services Division

FILED

JUL X 3 2023

BY 334 *RS*

Annual Report for the year: 2023  
Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

1. Entity ID Number <b>000158746</b>		2. Exact name of the Corporation <b>WESTERY CRIDDER ASSOCIATION</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO SUPPORT YOUTH SPORTS AND RECREATION</b>	
4. NAICS Code <b>813219</b>			
6. Principal Office Address <b>36 POTTER HILL ROAD</b>		City <b>WESTERY</b>	State <b>RI</b>
		Zip <b>02891</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
President Name <b>MATTHEW WEST</b>		Vice-President Name <b>ROBERT GERBLER</b>	
Street Address <b>36 POTTER HILL ROAD</b>		Street Address <b>3 CANYON DRIVE</b>	
City <b>WESTERY</b>	State <b>RI</b>	City <b>WESTERY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
Secretary Name <b>WILLIAM SAMIAGIO</b>		Treasurer Name <b>WILLIAM SAMIAGIO</b>	
Street Address <b>57 EAST AVE</b>		Street Address <b>57 EAST AVE</b>	
City <b>WESTERY</b>	State <b>RI</b>	City <b>WESTERY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
Director Name <b>MATTHEW WEST</b>		Director Name <b>ROBERT GERBLER</b>	
Street Address <b>36 POTTER HILL ROAD</b>		Street Address <b>3 CANYON DR</b>	
City <b>WESTERY</b>	State <b>RI</b>	City <b>WESTERY</b>	State <b>RI</b>
Zip <b>02891</b>		Zip <b>02891</b>	
Director Name <b>WILLIAM SAMIAGIO</b>		Director Name	
Street Address <b>57 EAST AVE</b>		Street Address	
City <b>WESTERY</b>	State <b>RI</b>	City	State
Zip <b>02891</b>		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
<b>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.</b>			
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 <b>MATTHEW WEST</b>			Date <b>6/30/23</b>
Signature of Officer/Authorized Representative <i>Matthew West</i>			

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