



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS. DIV.
 2023 DEC 14 P 12:19 PM
 STAMP

| | | | |
|--|--|--|--|
| 1. Entity ID Number 29955 | 2. Exact name of the Corporation WEST WARWICK WIZARDS ATHLETIC AWARDS ASSOCIATION, INC | | |
| 3. State of Incorporation RHODE ISLAND | 5. Brief description of the character of business conducted in Rhode Island PROVIDE FUND-RAISING ACTIVITIES FOR BOOK AND SPORTS AWARDS | | |
| 4. NAICS Code 523499 | | | |

| | | | | | | |
|--|--|--|--|---------------------------|--------------------|---------------------|
| 6. Principal Office Address LAURIE SWANSON 100 FACTORY ST. | | | | City W. WARWICK | State RI | Zip 02893 |
|--|--|--|--|---------------------------|--------------------|---------------------|

| | | | | | | |
|--|--------------------|---------------------|--|--------------------|---------------------|--|
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | |
| President Name LAURIE SWANSON | | | Vice-President Name STEVE ALVES | | | |
| Street Address 40 LONSDALE ST. | | | Street Address 89 WOODSTOCK LN. | | | |
| City W. WARWICK | State RI | Zip 02893 | City CRAWSTON | State RI | Zip 02920 | |
| Secretary Name GREG KORTICK | | | Treasurer Name LYNNE ST. GERMAIN | | | |
| Street Address 11 CARDER ST. | | | Street Address 77 HARRIS AVE. | | | |
| City W. WARWICK | State RI | Zip 02893 | City W. WARWICK | State RI | Zip 02893 | |

| | | | | | | |
|--|--------------------|---------------------|---|--------------------|---------------------|--|
| 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 LAURIE SWANSON | | | Director Name STEVE ALVES | | | |
| Street Address 40 LONSDALE ST. | | | Street Address 89 WOODSTOCK LN. | | | |
| City W. WARWICK | State RI | Zip 02893 | City CRAWSTON | State RI | Zip 02920 | |
| Director Name GREG KORTICK | | | Director Name LYNNE ST. GERMAIN | | | |
| Street Address 11 CARDER ST. | | | Street Address 77 HARRIS AVE. | | | |
| City W. WARWICK | State RI | Zip 02893 | City W. WARWICK | State RI | Zip 02893 | |

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 LAURIE SWANSON | Date 11-21-23 |
|--|-------------------------|

Signature of Officer/Authorized Representative
[Handwritten Signature]

FILED

DEC 14 2023
BY *[Handwritten]*
AA 12:19 PM
FORM 631-R, Revised: 04/2023