



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
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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	City CRAWSTON	State RI
Zip 02893		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	City W. WARWICK	State RI
Zip 02893		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	City CRAWSTON	State RI
Zip 02893		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	City W. WARWICK	State RI
Zip 02893		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 <i>[Handwritten Signature]</i>	

FILED

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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02804-2615
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