RI SOS Filing Number: 202562694770 Date: 1/16/2025 4:00:00 PM

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## State of Rhode Island Department of State - Business Services Division

**FILED** 

JAN 1 6 2025 //westerlyrotary org/

Home Page Rotary Club of Westerly
Annual Report for the year: 2025

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 000031305	2. Exact name of the Corporation The Rotary Club of Westerly Rhode Island					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island     Non-profit Service Organization					
4. NAICS Code 813410						
6. Principal Office Address PO Box 407			City Westerly	State RI	Zip 02891	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Alan Brinton			Vice-President Name Jeffrey Wendth			
Street Address 27 Yarmouth Drive			Street Address 4 Abbey Lane			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<sup>Zio</sup> 02891	
Secretary Name Kathryn Taylor			Treasurer Name Rosemarie A Russo			
Street Address 54 Sunrise Avenue			Street Address 64 John Street			
<sup>City</sup> Pawcatuck	State CT	<sup>Zip</sup> 06379	<sup>City</sup> Westerly	State RI	ชี2891	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment.						
Director Name Suzanne Lane			Director Name Bob Lane			
Street Address 14 Michaels Way			Street Address 14 Michaels Way			
City Westerly	State RI	<sup>Zip</sup> 02891	City Westerly	State RI	<u>შ</u> 2891	
Director Name Derin Temel			Director Name			
Street Address 48 Urso Drive			Street Address			
<sup>City</sup> Westerly	State RI	<sup>Zip</sup> 02891	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, Treasurer 13 Jan 2					25	
Signature of Officer/Authorized Representative						

MAIL TO:

**Division of Business Services** 

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148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631- Revised: 12/2023