



State of Rhode Island  
Department of State - Business Services Division

FILED

<https://westerlyrotary.org/>

JAN 16 2025

BY

3681  
2

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<br>000031305   |             | 2. Exact name of the Corporation<br>The Rotary Club of Westerly Rhode Island                                   |                                       |                            |              |
| 3. State of Incorporation<br>RI  |             | 5. Brief description of the character of business conducted in Rhode Island<br>Non-profit Service Organization |                                       |                            |              |
| 4. NAICS Code<br>813410  |             |  |                                       |                            |              |
| 6. Principal Office Address<br>PO Box 407  |             | City<br>Westerly   |                                       | State<br>RI                | Zip<br>02891 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |  |                                       |                            |              |
| President Name<br>Alan Brinton   |             |  | Vice-President Name<br>Jeffrey Wendth |                            |              |
| Street Address<br>27 Yarmouth Drive  |             |  | Street Address<br>4 Abbey Lane        |                            |              |
| City<br>Westerly   | State<br>RI | Zip<br>02891   | City<br>Westerly                      | State<br>RI                | Zip<br>02891 |
| Secretary Name<br>Kathryn Taylor   |             |  | Treasurer Name<br>Rosemarie A Russo   |                            |              |
| Street Address<br>54 Sunrise Avenue  |             |  | Street Address<br>64 John Street      |                            |              |
| City<br>Pawcatuck  | State<br>CT | Zip<br>06379   | City<br>Westerly                      | State<br>RI                | Zip<br>02891 |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |             |  |                                       |                            |              |
| Director Name<br>Suzanne Lane  |             |  | Director Name<br>Bob Lane             |                            |              |
| Street Address<br>14 Michaels Way  |             |  | Street Address<br>14 Michaels Way     |                            |              |
| City<br>Westerly   | State<br>RI | Zip<br>02891   | City<br>Westerly                      | State<br>RI                | Zip<br>02891 |
| Director Name<br>Derin Temel   |             |  | Director Name                         |                            |              |
| Street Address<br>48 Urso Drive  |             |  | Street Address                        |                            |              |
| City<br>Westerly   | State<br>RI | Zip<br>02891   | City                                  | State                      | 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>        |             |  |                                       |                            |              |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |             |  |                                       |                            |              |
| Name of Officer/Authorized Representative<br><b>Rosemarie A Russo, Treasurer</b>   |             |  |                                       | Date<br><b>13 Jan 2025</b> |              |
| Signature of Officer/Authorized Representative<br>   |             |  |                                       |                            |              |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 631- Revised: 12/2023

1/13/2025, 9:04 PM