

FILED

State of Rhode Island
Department of State - Business Services Division

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.

JAN 16 2025

BY

1. Entity ID Number 001703337		2. Exact name of the Corporation Rotary Club of Westerly Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit -Organized exclusively for charitable, education and scientific purposes. Will engage in charitable fundraising and the making of distributions to organizations that support the goal of The Rotary Foundation			
4. NAICS Code 813990					
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 <input type="checkbox"/>
President Name Alan Brinton			Vice-President Name Jeffrey Wendth		
Street Address 27 Yarmouth Drive			Street Address 4 Abbey Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Kathryn Taylor			Treasurer Name Rosemarie A Russo		
Street Address 54 Sunrise Avenue			Street Address 64 John Street		
City Pawcatuck	State CT	Zip 06379	City Westerly	State RI	Zip 02891
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 Suzanne Lane			Director Name Bob Lane		
Street Address 14 Michaels Way			Street Address 14 Michaels Way		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Derin Temel			Director Name		
Street Address 48 Urso Drive			Street Address		
City Westerly	State RI	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Rosemarie A Russo, Treasurer				Date 13 Jan 2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov