

2520032904915

**“TOP-HAT” PLAN FILING**

**(Statement Required Under  
Alternative Method of Compliance  
with ERISA Reporting and  
Disclosure Rule (DOL Reg. §2520.104-23))**

1. Name and Address of Employer: The Washington Trust Company  
23 Broad Street  
Westerly, RI 02891
  
2. Employer Identification Number: 05-0235370
  
3. The Employer maintains plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
  
4. Number of Such Plans: 2
  
5. Number of Employees Currently in Each Plan: 8 and 3
  
6. Effective Date of Plan for Which This Statement is Filed: January 1, 1999

GOODWIN, PROCTER & HOAR LLP

COUNSELLORS AT LAW  
EXCHANGE PLACE  
BOSTON, MASSACHUSETTS 02109-2881

9076 10 111113

WEIYEN M. JONAS  
(617) 570-1725  
wjonas@gph.com

TELEPHONE (617) 570-1000  
TELECOPIER (617) 227-8591

February 1, 1999

**Z 306 557 699**

**Via Certified Mail, Return Receipt Requested**

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue N.W.  
Washington, D.C. 20210

Re: The Washington Trust Company, EIN 05-0235370

Dear Sir or Madam:

On behalf of the above-referenced employer, enclosed please find a "Top Hat" statement required under Department of Labor Regulation Section 2520.104-23.

Please confirm receipt of this letter and its enclosure by stamping the receipt copy hereof and returning it to me in the enclosed self-addressed, stamped envelope.

Very truly yours,



Weiyen M. Jonas

cc: Ms. Kristen DiSanto, The Washington Trust Company  
Marian A. Tse, Esq.

DOCSB\568528.1