



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 57612		2. Exact name of the Corporation Pawtuxet Valley Rotary Club, Inc.			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address P.O. Box 266		City West Warwick	Zip 02893
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island ✓					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Charles L. Nault			Vice-President Name Linda Rekas-Sloan		
Street Address 10 Magnolia Lane			Street Address 285 Sharpe Street		
City Coventry	State RI	Zip 02816	City West Greenwich	State RI	Zip 02817
Secretary Name Michael Guertin			Treasurer Name Maria Shank		
Street Address 3 White Oak Court			Street Address 33 Julie Court		
City 02816	State RI	Zip 02816	City West Greenwich	State RI	Zip 02817
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Joseph Garcia			Director Name Douglas DeCubellis		
Street Address 137 Pine Orchard Road			Street Address 12 Orchid Trail		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Director Name Robert A. Bjorklund			Director Name John H. Ball		
Street Address 67 Island Drive			Street Address 8 Meadow Lane		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 13 2012

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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.

Signature of Officer _____

Date **6-12-12**

Maria Shank

Print or Type Name of Officer

Treasurer

Title of Officer