



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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. Brief description of the character of business conducted in Rhode Island Conduct weekly meetings to discuss fund raising efforts to support local charities and assistance programs in the communities of W. Warwick, Coventry, W. Greenwich.			
5. Principal office address P O Box 266		City West Warwick		State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Douglas DeCubellis		Vice-President Name Michael Guertin			
Street Address 12 Orchid Trail		Street Address 3 White Oak Ct			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Maria G. Shank		Treasurer Name Maureen Holmes			
Street Address 33 Julie Ct.		Street Address 76 Mia Ct.			
City West Greenwich,	State RI	Zip 02817	City Warwick,	State RI	Zip 02886
7. 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 Robert A Bjorklund			
Street Address 137 Pine Orchard Rd		Street Address 67 Island Dr.			
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Director Name John Ball		Director Name			
Street Address 8 Meadow Ln		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
8. 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 BY _____

FILED

JUN 14 2013

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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

Maria G. Shank

Print or Type Name of Officer

Secretary

Title of Officer