



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
 1652

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.

Maria G. Shank 6/14/13
 Signature of Officer Date

Maria G. Shank
 Print or Type Name of Officer

Secretary

Title of Officer