



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 2014

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. <u>12284</u>		2. Exact name of the Corporation <u>ROTARY CLUB OF SCITUATE, RHODE, INC</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Community Service, Charitable Activities</u>	
5. Principal office address <u>P O Box 461</u>		City <u>NORTH SCITUATE</u>	State <u>RI</u> Zip <u>02857</u>
President Name <u>LAWRENCE O'TOOLE</u>		Vice-President Name <u>JEREMIE McLAUGHLIN</u>	
Street Address <u>11 ST MARY'S ROAD</u>		Street Address <u>33 ARTHUR AVE Apt 24</u>	
City <u>NORTH SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>EAST PROVIDENCE</u> State <u>RI</u> Zip <u>02914</u>
Secretary Name <u>ERNEST CARPENTER</u>		Treasurer Name <u>WILLIAM R VANGEL, JR</u>	
Street Address <u>351 NEW LONDON AVE UNIT 504</u>		Street Address <u>137 FOSTER CENTER ROAD</u>	
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>	City <u>FOSTER</u> State <u>RI</u> Zip <u>02825</u>
Director Name <u>MICHELINE LOMBARDI</u>		Director Name <u>STANLEY SEVERANCE</u>	
Street Address <u>103 CENTRAL PIKE</u>		Street Address <u>SAW MILL ROAD</u>	
City <u>NORTH SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>GLOUCESTER</u> State <u>RI</u> Zip <u>02829</u>
Director Name <u>EDWIN GOULD</u>		Director Name <u>MARIE CARPENTER</u>	
Street Address <u>SPRUCE BROOK ROAD</u>		Street Address <u>351 NEW LONDON AVE</u>	
City <u>NORTH SCITUATE</u>	State <u>RI</u>	Zip <u>02857</u>	City <u>WARWICK</u> State <u>RI</u> Zip <u>02886</u>

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, duly Authorized Representative, Receiver or Trustee

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] 5-10-2014
 Signature of Officer or Authorized Representative Date
WILLIAM R. VANGEL, JR
 Print or Type Name of Officer or Authorized Representative

FILED

MAY 13 2014

BY 182

Sharon Johnson

635 Danielson Pike

North Scituate R I 02857

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MAY 13 2014

BY 12584