



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. 000064801		2. Exact name of the Corporation ROTARY CLUB OF NORTH KINGSTOWN			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island COMMUNITY SERVICE CLUB, CHARTERED BY ROTARY INTERNATIONAL, PURSUANT TO TITLE 7-6			
5. Principal office address BOX 807		City NORTH KINGSTOWN		State RI	Zip 02852
President Name ERIC CREAMER		Vice-President Name NANCY HAMPTON BEELEY			
Street Address 84 Holly Road		Street Address 337 Beachwood Drive			
City South Kingstown	State RI	Zip 02879	City Warwick	State RI	Zip 02818
Secretary Name RHONDA DUCKWORTH		Treasurer Name KARIN FORBES			
Street Address 50 Ledge Drive		Street Address 40 Cambridge Court			
City Wakefield	State RI	Zip 02879	City North Kingstown	State RI	Zip 02852
Director Name Kenneth Mills		Director Name Irving K. Taylor			
Street Address 186 Briarbrook Drive		Street Address 105 Scrabbletown Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name James Halley		Director Name Joseph Guatieri			
Street Address 125 Plain Road		Street Address 98 Langdon Street			
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02904

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 CORPORATION DIV
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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



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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.

James M. Halley
 Signature of Officer or Authorized Representative 6/ /14
 Date

James M. Halley
 Print or Type Name of Officer or Authorized Representative
 PRESIDENT