



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 **2015**

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. 12284		2. Exact name of the Corporation Rotary Club of Scituate, Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Service, Charitable Activities			
5. Principal office address P.O. Box 461		City North Scituate	State RI	Zip 02857	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lawrence O'Toole		Vice-President Name Ernest Carpenter			
Street Address 11 St. Mary's Road		Street Address 351 New London Avenue			
City North Scituate	State RI	Zip 02857	City Warwick	State RI	Zip 02886
Secretary Name Jeremie Mclaughlin		Treasurer Name William Vangel, Jr.			
Street Address 33 Arthur Avenue, Apt. 24		Street Address 137 Foster Center Road			
City East Providence	State RI	Zip 02914	City Foster	State RI	Zip 02825
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 Marie Carpenter		Director Name Stanley Severance			
Street Address 351 New London Avenue, Unit 504		Street Address Saw Mill Road			
City Warwick	State RI	Zip 02886	City Glocester	State RI	Zip 02829
Director Name Colleen Rose		Director Name Sharon Johnson			
Street Address Rockland Road		Street Address 635 Danielson Pike			
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 302

FILED

JUN 10 2015

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]
 Signature of Officer or Authorized Representative _____ Date June 5, 2015

WILLIAM R. VANGEL, JR., TREASURER
 Print or Type Name of Officer or Authorized Representative

