



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. 64801		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 and International Service			
5. Principal office address PO Box 807		City North Kingstown		State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Irving Taylor		Vice-President Name			
Street Address 105 Scrabbletown Road		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name James Halley		Treasurer Name Karin Forbes			
Street Address 125 Plain Road		Street Address 40 Cambridge Court			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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 DAVID CALDWELL		Director Name NANCY HAMPTON - BEELY			
Street Address 915 North Quiddnessett Dr		Street Address 337 BEACHWOOD DR			
City North Kingstown	State RI	Zip 02852	City WARWICK	State RI	Zip 02818
Director Name Joseph Guatieri		Director Name			
Street Address 98 Langdon St		Street Address			
City PVD	State RI	Zip 02904	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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 631

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 or Authorized Representative **Karin L. Forbes** 1/8/2016
Date

Print or Type Name of Officer or Authorized Representative
KARIN L. FORBES