State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
37426	Warwick Rotary LTD
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Non Profit

5. Principal Office Address	City	State	Zip
PO Box 6803	Warwick	RI	02886

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name: Oliver Brady			Vice-President Name: Donna Caccia		
Street Address: 8 Stream Drive			Street Address: 56 Hillcrest Drive		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Sarah Channing			Treasurer Name: Carole Ritarossi		
Street Address: 5 Canonicus Trail			Street Address: 1 Briarbrook Drive		
City: E. Greenwich	State: RI	Zip: 02818	City: E. Greenwich	State: RI	Zip: 02818

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name: Thomas Sanford			Director Name: Daniel Scanlon Jr.		
Street Address: 139 Vancouver Avenue			Street Address: 173 Pierce Street		
City: Warwick	State: RI	Zip: 02886	City: E. Greenwich	State: RI	Zip: 02818
Director Name: Anthony Bucci			Director Name		
Street Address: 373 Blue Ridge Road			Street Address		
City: Warwick	State: RI	Zip: 02886	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Oliver Brady	8-9-16

Signature of Officer/Authorized Representative
Ol [signature] SIGN DOCUMENT HERE

FILED
JUN 13 2016
BY HL 13/6

Form No. 631
Revised: 2016