RI SOS Filing Number: 201864049190 Date: 5/7/2018 4:00:00 PM

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

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2018 MAY -7 PM 1:02

Annual Report for the year: 2018
Non-Profit Corporation
→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
188132	ROTARY CLUB OF CRANSTON
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: COMMUNITY BASED NON-PROFIT ORGANIZATION PROVIDING SUPPORT TO A VARIETY OF ORGANIZATIONS IN THE COMMUNITY LOCATED PRIMARILY WITHIN THE CITY OF CRANSTON, RI.
4. NAICS Code: 813410	

6. Principal Office Address	City	State	Zip
24 PEACH BLOSSOM LANE	GREENVILLE	RI	02828

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

President Name	Vice-President Name (PAST)
LORI C. ADAMO	MARCEL L. D'AUTEUIL
Street Address: 21 BUXTON DRIVE	Street Address: 84 MASON AVENUE
City: CRANSTON State: RI Zip: 02921	City: CRANSTON State: RI Zip: 02910
Secretary Name	**Treasurer Name**
MARK A. JONES	CEZAR L. FERREIRA
Street Address: 1381 CRANSTON STREET	Street Address: 24 PEACH BLOSSOM LANE
City: CRANSTON State: RI Zip: 02920	City: GREENVILLE State: RI Zip: 02828

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

Director Name	Director Name
JANICE M. PASCONE	ROY C. EVANS
Street Address: 100 MIDWAY ROAD, SUITE 14	Street Address: 2172 BROAD STREET, SUITE A
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02905
Director Name	**Director Name**
RAYMOND BUTTERFIELD III	KEITH A. LAVIMODIERE
Street Address: 37 FAIRFIELD ROAD	Street Address: 4000 CHAPEL VIEW BLVD, SUITE 145
City: CRANSTON State: RI Zip: 02910-5303	City: CRANSTON State: RI Zip: 02920

9. 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
CEZAR L. FERREIRA	**FILED**	5/7/18
Signature of Officer/Authorized Representative: Cezar L. Ferreira	SIGN DOCUMENT HERE MAY 07 2018 1:02	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY VL 3300994

FORM 611 Revised: 06/2017