



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

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.

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CORPORATIONS DIV

2018 JUN -4 AM 10:28

1. Entity ID Number 64801		2. Exact name of the Corporation Rotary Club of North Kingstown, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Service Club, Chartered By Rotary International			
4. NAICS Code 813319					
6. Principal Office Address P.O. Box 807			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nancy Beeley			Vice-President Name		
Street Address 21 George Street			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name James Halley			Treasurer Name Marcus J. Charlemagne		
Street Address 125 Plain Rd			Street Address 12 Laurel Hill Dr		
City North Kingstown	State RI	Zip 02852	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karin Forbes			Director Name Joseph Guatieri		
Street Address 40 Cambridge Ct			Street Address 98 Langdon Street		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02904
Director Name Marcus J. Charlemagne			Director Name		
Street Address 12 Laurel Hill Dr.			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Marcus J. Charlemagne, Treasurer				Date 4/24/2018	
Signature of Officer/Authorized Representative 				FILED SIGN DOCUMENT HERE JUN 04 2018 10:29	

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

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