



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

FILED

JUL 13 2018

BY S267

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 000124572		2. Exact name of the Corporation PAWTUXET VALLEY ROTARY FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO FOSTER AND PROMOTE THE GOALS OF ROTARY INTERNATIONAL			
4. NAICS Code 813920 Professional Org 849110 Religious Organization					
6. Principal Office Address P O BOX 266			City WEST WARWICK	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TARAH WARNER			Vice-President Name CRAIG LEVIS		
Street Address 940 QUAKER LANE #1721			Street Address 1675 FLAT RIVER RD		
City EAST GREENWICH	State RI	Zip 02818	City COVENTRY	State RI	Zip 02816
Secretary Name ZACHARY WHITTENBERGER			Treasurer Name MARIA G SHANK		
Street Address 940 QUAKER LANE #1721			Street Address 33 JULIE CT		
City EAST GREENWICH	State RI	Zip 02818	City WEST GREENWICH	State RI	Zip 02817
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 LINDA REKAS SLOAN			Director Name ERNEST DIMICCO		
Street Address 285 SHARPE ST			Street Address 129 WOOD COVE DR		
City WEST GREENWICH	State RI	Zip 02817	City COVENTRY	State RI	Zip 02816
Director Name Tarah Warner			Director Name		
Street Address 940 Quaker Ln #1721			Street Address		
City East Greenwich	State RI	Zip 02818	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.					
<i>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>					
<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 MARIA G SHANK, TREASURER				Date 06/15/2018	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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