



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

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SECRETARY OF STATE  
CORPORATIONS DIV

Annual Report for the year:  
Non-Profit Corporation

2019

2019 MAY 15 AM 9:02

- 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 788132		2. Exact name of the Corporation 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 24 PEACH BLOSSOM LANE		City GREENVILLE	State RI
		Zip 02828	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name RAYMOND BUTTERFIELD III		Vice-President Name LOU C. ADAMO	
Street Address 37 FAIRFIELD ROAD		Street Address 21 BUXTON DRIVE	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02910-5303		Zip 02921	
Secretary Name MARK A. JONES		Treasurer Name CEZAR L. FERREIRA	
Street Address 1381 CRANSTON STREET		Street Address 24 PEACH BLOSSOM LANE	
City CRANSTON	State RI	City GREENVILLE	State RI
Zip 02920		Zip 02828	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name TOM GLASGOW		Director Name JANICE M. PASCOE	
Street Address 69 FLETCHER AVENUE		Street Address 100 MIDWAY ROAD, SUITE 14	
City CRANSTON	State RI	City CRANSTON	State RI
Zip 02920		Zip 02920	
Director Name KEVIN P. MCGOVERN		Director Name	
Street Address 2174 PLAIDFIELD PIKE		Street Address	
City CRANSTON	State RI	City	State
Zip 02921		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.			
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 CEZAR L. FERREIRA		Date 5/15/19	
Signature of Officer/Authorized Representative Cezar L. Ferreira		FILED MAY 15 2019 BY [Signature]	