

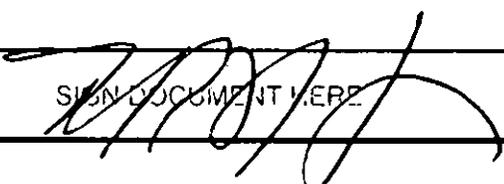


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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.

FILED
JUN 20 2019
 BY baos

1. Entity ID Number 001674707		2. Exact name of the Corporation Rotary Club of Scituate Rhode Island Foundation, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community fund raising and support of projects to better society and the local community.			
4. NAICS Code 813219 - Other Grantmaking &					
6. Principal Office Address P O Box 461		City North Scituate	State RI	Zip 02857	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Colleen Rose		Vice-President Name Sarah Malley			
Street Address Rockland Road		Street Address 69 Money Hill Road			
City North Scituate	State RI	Zip 02857	City Chepachet	State RI	Zip
Secretary Name Lynn Dubois02814		Treasurer Name William Vangel, Jr			
Street Address Snake Hill Road		Street Address 137 Foster Center Road			
City North Scituate	State RI	Zip 02857	City Foster	State RI	Zip 2825
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Lola Smith		Director Name Micheline Lombardi			
Street Address Elmdale Road		Street Address Central Pike			
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Director Name Larry O'Toole		Director Name Jenifer Huff			
Street Address 11 St. Mary's Road		Street Address Franklin Road			
City North Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
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 William R. Vangel, Jr				Date 4/28/2019 6/17/19	
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

2019

The Rotary Club of Scituate Rhode Island Foundation, Inc.

Additional Board Member

Sharon Johnson

Danielson Pike

North Scituate RI 02857

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BY 102 OS
#1674707