



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.

STAMP
 JUN 26 2019
 BY 125 DS

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 813990 - Other Similar Orga					
6. Principal Office Address PO 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 Crystal Thompson			Vice-President Name Nancy Beeley		
Street Address 23 Providence Pike Route 5			Street Address 21 George Street		
City North Smithfield	State RI	Zip 02896	City Wakefield	State RI	Zip 02852
Secretary Name James Halley			Treasurer Name Erin DeLuca		
Street Address 125 Plain Road			Street Address 20 Defiance Road		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02889
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 Lagndon Street		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02904
Director Name James Halley			Director Name		
Street Address 125 Plain Road			Street Address		
City North Kingstown	State RI	Zip 02852	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 Erin DeLuca				Date 6/21/2019	
Signature of Officer/Authorized Representative <i>Erin DeLuca</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov