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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2013

Non-Profit Corporation

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

2019 SEP -3 PM 2: 27

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

| | <u> </u> | | | | | |
|--|--|----------------------|--------------------------------------|----------|----------------------|--|
| 1. Entity ID Number 000028507 | Exact name of the Corporation Middletown Rotary Club, Inc. | | | | | |
| State of Incorporation Rhode Island | Brief description of the character of business conducted in Rhode Island Service organization. | | | | | |
| 4. NAICS Code | | | | | | |
| 813319 - Other Social Advoca | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | |
| P O Box 4258 | c 4258 | | | RI | 02842 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | | |
| President Name David MacDonald | | | Vice-President Name Richard Bernardi | | | |
| Street Address 152 Canonchet Dr | | | Street Address 94 Bayview Ave | | | |
| City Portsmouth | State RI | ^{Zip} 02871 | City Portsmouth | State RI | ^{Zip} 02871 | |
| Secretary Name Lois Ann Murray | | | Treasurer Name Philip Driscoll | | | |
| Street Address 21 Bartlett Road | | | Street Address 169 Immokolee Dr | | | |
| ^{City} Middletown | State RI | Zip | City Portsmouth | State RI | ^{Zip} 02871 | |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment | | | | | | |
| Director Name David MacDonald | | | Director Name Richard Bernardi | | | |
| Street Address 152 Canonchet Dr. | | | Street Address 94 Bayview Ave | | | |
| City Portsmouth | State RI | ^{Zip} 02871 | City Portsmouth | State RI | ^{Zip} 02871 | |
| Director Name Lois Ann Murray | | | Director Name Philip Driscoll | | | |
| Street Address 21 Bartlett Road | | | Street Address 169 Immokolee Dr | | | |
| ^{City} Middletown | State RI | ^{Zip} 02842 | City Portsmouth | State RI | ^{Zip} 02871 | |
| 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 Repres | | Date | | | | |
| PHIL 1 1.04/5006 ED 8/29/20/9 | | | | | | |
| Signature of Officer/Buthorized Representative SIGN DOCUMENT HERE 3 2019 | | | | | | |
| MAN TO: | | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov