



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

Annual Report for the year: 2011
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.

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 BUS SVCS DIV

2019 SEP -3 PM 2:27

1. Entity ID Number 000028507		2. Exact name of the Corporation Middletown Rotary Club, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Service organization.			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address P O Box 4258			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carol Mitchell			Vice-President Name Susan Siekiera		
Street Address 297 Water St. D2			Street Address 23 Iron Horse Terrace		
City Portsmouth	State RI	Zip 02871	City N. Kingstown	State RI	Zip 02852
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 <input type="checkbox"/>					
Director Name Susan Siekiera			Director Name Carol Mitchell		
Street Address 23 Iron Horse Terrace			Street Address 297 Water Street D2		
City N. Kingstown	State RI	Zip 02852	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.					
<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 Philip T. Driscoll					Date 8/29/2019
Signature of Officer/Authorized Representative <i>Philip T. Driscoll</i>					FILED SIGN DOCUMENT HERE SEP 03 2019