



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

Annual Report for the year: 2010
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
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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 Hector Rodriguez		Vice-President Name Carol Mitchell			
Street Address 512 Green End Ave		Street Address 297 Water St. D2			
City Middletown	State RI	Zip 02842	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 <input type="checkbox"/>					
Director Name Hector Rodriguez		Director Name Carol Mitchell			
Street Address 512 Green End Ave		Street Address 297 Water Street D2			
City Middletown	State RI	Zip 02842	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>					SEEN DOCUMENT HERE FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

SEP 03 2019
 BY: **38XNQ**
AA-Q:4/pm
 FORM 631 - Revised: 06/2019