



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

Annual Report for the year: 2006
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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 RI DEPT OF STATE
 BUS SVCS DIV
 2019 SEP -3 PM 2:26
 02842

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 Peter Milinazzo			Vice-President Name Henry Wrobel		
Street Address 118 Howland Ave			Street Address 45 Williams St		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Secretary Name			Treasurer Name Philip Driscoll		
Street Address			Street Address 169 Immokolee Dr		
City	State	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 Peter Milinazzo			Director Name Henry Wrobel		
Street Address 118 Howland Ave			Street Address 45 Williams St		
City Middletown	State RI	Zip 02842	City Newport	State RI	Zip 02840
Director Name Philip Driscoll			Director Name		
Street Address 169 Immokolee Dr			Street Address		
City Portsmouth	State RI	Zip 02871	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 PHILIP T. DRISCOLL					Date 8/29/2019
Signature of Officer/Authorized Representative <i>Philip T. Driscoll</i>					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

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 FORM 631 - Revised: 06/2019