



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

Annual Report for the year: 2003

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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1. Entity ID Number <b>000028507</b>		2. Exact name of the Corporation <b>Middletown Rotary Club, Inc.</b>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Theresa Stokes</b>		Vice-President Name <b>David Melchar</b>			
Street Address <b>25 Vernon Ave</b>		Street Address <b>244 N. Fenner Ave</b>			
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name		Treasurer Name <b>Philip Driscoll</b>			
Street Address		Street Address <b>169 Immokolee Dr</b>			
City	State	Zip	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>David Melchar</b>		Director Name <b>Theresa Stokes</b>			
Street Address <b>244 N. Fenner Ave</b>		Street Address <b>25 Vernon Avenue</b>			
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>Philip Driscoll</b>		Director Name			
Street Address <b>169 Immokolee Dr</b>		Street Address			
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	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.					
<b>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.</b>					
<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 <b>PHILIP T. DRISCOLL</b>					Date <b>9/29/2019</b>
Signature of Officer/Authorized Representative <i>Philip T. Driscoll</i>					<b>FILED</b>

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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