



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

**Annual Report for the year: 2002**  
**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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 BUSINESS SERVICES DIV  
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|  |                 |  |   |                 |                                    |
|--|-----------------|--|---|-----------------|------------------------------------|
| 1. Entity ID Number<br><b>000028507</b>  |                 | 2. Exact name of the Corporation<br><b>Middletown Rotary Club, Inc.</b>                              |   |                 |                                    |
| 3. State of Incorporation<br>Rhode Island  |                 | 5. Brief description of the character of business conducted in Rhode Island<br>Service organization. |   |                 |                                    |
| 4. NAICS Code<br>813319 - Other Social Advoca  |                 |  |   |                 |                                    |
| 6. Principal Office Address<br>P O Box 4258  |                 |  | City<br>Middletown                        | State<br>RI     | Zip<br>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>Frederick W. Faerber III</b>   |                 |  | Vice-President Name <b>Theresa Stokes</b> |                 |                                    |
| Street Address <b>2870 E. Main Road</b>  |                 |  | Street Address <b>25 Vernon Avenue</b>    |                 |                                    |
| City <b>Portsmouth</b>   | State <b>RI</b> | Zip <b>2871</b>  | City <b>Newport</b>                       | State <b>RI</b> | Zip <b>02840</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>Frederick W. Faerber III</b>  |                 |  | Director Name <b>Theresa Stokes</b>       |                 |                                    |
| Street Address <b>2870 E. Main Road</b>  |                 |  | Street Address <b>25 Vernon Avenue</b>    |                 |                                    |
| City <b>Portsmouth</b>   | State <b>RI</b> | Zip <b>02871</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>        |                 |  |   |                 |                                    |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>                                 |                 |  |   |                 |                                    |
| Name of Officer/Authorized Representative<br><b>PHILIP T. DRISCOLL</b>   |                 |  |   |                 | Date<br><b>8/29/2019</b>           |
| Signature of Officer/Authorized Representative<br><i>Philip T. Driscoll</i>  |                 |  |   |                 | SIGN DOCUMENT HERE<br><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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