



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

Annual Report for the year: 2000

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.

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 Bruce Cotta			Vice-President Name Richard Bernardi		
Street Address 13 South Drive			Street Address 94 Bayview Ave		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
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 Bruce Cotta			Director Name Richard Bernardi		
Street Address 13 South Drive			Street Address 94 Bayview Ave		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
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

2019 SEP - 3 2:26
 R.I. DEPARTMENT OF STATE
 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: **38XNO**
A.A. 2:31 p.m.