



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

Annual Report for the year: 1999

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 Ronald A. Grandchamp		Vice-President Name Bruce Cotta			
Street Address 40 Sheffield Ave		Street Address 13 South Drive			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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 Ronald A. Grandchamp		Director Name Bruce Cotta			
Street Address 40 Sheffield Ave		Street Address 13 South Drive			
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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>					

2019 SEP - 3 PM
 R.I. DEPT. OF STATE
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 FILED

SEP 03 2019
 BY **38x10**
A.A. Q. Popm