



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

Annual Report for the year: 1995
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 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 John Napolitano		Vice-President Name Linda Michalek			
Street Address 34 Malbone Road		Street Address 236 Hilltop Drive			
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Secretary Name		Treasurer Name Thomas MacNeil			
Street Address		Street Address 26 Ward Avenue			
City	State	Zip	City Middletown	State RI	Zip 02842
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 John Napolitano		Director Name Linda Michalek			
Street Address 34 Malborn Road		Street Address 236 Hilltop Drive			
City Newport	State RI	Zip 02840	City Portsmouth	State RI	Zip 02871
Director Name Thomas Mac Neil		Director Name			
Street Address 26 Ward Avenue		Street Address			
City Middletown	State RI	Zip 02842	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
SIGN DOCUMENT HERE SEP 03 2019					BY 38 XNQ A.A. 2:26 PM

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov