RI SOS Filing Number: 201930331440 Date: 12/17/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation

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→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if form is not filed by July 30.

					<u> </u>
1. Entity ID Number	2. Exact name of the Corporation				
168-622B	Rotary Club of Jamestown				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Provide service to the community				
4. NAICS Code	1				
813319 - Other Social Adv					
6. Principal Office Address			City	State	Zip
87 Narragansett Ave			Jamestown	Ri	02835
7. List ALL officers (names and ac	dresses)			Check the box to indi-	cate an attachment
President Name Ross Harris			Vice-President Name Jeffrey Gravdahl		
Street Address 75 Hamilton Ave			Street Address 19 Seafrer Court		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	^{Zip} 02835
Secretary Name Harley Lee			Treasurer Name James Perry		
Street Address 44 Spanker Street			Street Address 974 E Shore Rd		
^{City} Jamestown	State RI	^{Zip} 02835	^{City} Jamestown	State RI	^{Zip} 02835
8. List ALL directors (names and	addresses). RI C	Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachment
Director Name Manmohn Galtonde			Director Name Lawrence Bartley		
Street Address 153 Intrepid Lane			Street Address 2 Spindreft St		
City Jamestown	State RI	^{Zip} 02835	City Jamestown	State RI	^{Zip} 02835
Director Name Peter Herne			Director Name Win Reed		
Street Address 28 Brook St			Street Address 40 Green Lane		
^{City} Jamestown	State RI	^{Zip} 02835	City Jamestown	State RI	^{Zip} 02835
9. Registered Agent in Rhode Isla	ind. This informati	ion is currently of reco	rd in the Department of State. Char	nges require filing Form 6	41.
Under penalty of perjury, I decl statements, and that all statem			• • •	accompanying sched	lules and
This report must be signed by either the Pr	esident, Vice-Preside	ent, Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	presentative, Receivar or Tru	isteo.
Name of Officer/Authorized Representative				Date	
James Perry				12-14	-19
Signature of Officer/Authorized Re	epresentative	CION DOG	NAME AND LIE DE		
Mun Dear	†	SIGN DOC	CUMENT HERE		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov