



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Non-Profit Corporation

MAR 9 2021
 BY 1001

- 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 64801		2. Exact name of the Corporation Rotary Club of North Kingstown, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Service Club, Chartered by rotary international			
4. NAICS Code 813990 - Other Similar Organizat					
6. Principal Office Address PO Box 807			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Crystal Thompson			Vice-President Name Nancy Beeley		
Street Address 23 Providence Pike Route 5			Street Address 21 George Street		
City North Smithfield	State RI	Zip 02896	City Wakefield	State RI	Zip 02852
Secretary Name James Halley			Treasurer Name Erin DeLuca		
Street Address 125 Plain Road			Street Address 20 Defiance Road		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02889
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 Karin Forbes			Director Name Joseph Guatieri		
Street Address 40 Cambridge Court			Street Address 98 Lagndon Street		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02904
Director Name James Halley			Director Name		
Street Address 125 Plain Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<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 Erin DeLuca				Date 3/2/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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