RI SOS Filing Number: 202199849970 Date: 8/3/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

FILED STAMP
AUG 03 2021
BY 1373

1. Entity ID Number	2. Exact name of the Corporation
64801	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	City	State	Zip
PO Box 807	North Kingstown	RI	02852

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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: 02879
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 ☐

Director Name: Karin Forbes			Director Name: James Halley		
Street Address: 40 Cambridge Court			Street Address: 125 Plain Road		
City: North Kingstown	State: RI	Zip: 02852	City: North Kingstown	State: RI	Zip: 02852
Director Name: Nancy Hampton Beeley			Director Name:		
Street Address: 21 George Street			Street Address:		
City: Wakefield	State: RI	Zip: 02879	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Erin DeLuca	7/7/2021

Signature of Officer/Authorized Representative: Erin DeLuca

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020