



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation 2023

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2023 JAN 19 P 2:44

1. Entity ID Number 000788132		2. Exact name of the Corporation ROTARY CLUB OF CLANSTON	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CIVIC ORGANIZATION OF FELLOWSHIP FOR A COMMON GOAL OF SERVICE TO THE COMMUNITY AND SUPPORT OF WORLDWIDE EFFORTS THROUGH ROTARY INTERNATIONAL	
4. NAICS Code 813920			
6. Principal Office Address 24 PEACH BLOSSOM LANE		City GREENVILLE	State RI
		Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name STEPHANIE L. LEMOI		Vice-President Name THOMAS E. GLASGOW	
Street Address 400 GREENVILLE AVENUE		Street Address 109 FLETCHER AVENUE	
City JOHNSTON	State RI	City CLANSTON	State RI
Zip 02919		Zip 02920	
Secretary Name MARK A. JONES		Treasurer Name CEZAR L. FERREIRA	
Street Address 1381 CLANSTON STREET		Street Address 24 PEACH BLOSSOM LANE	
City CLANSTON	State RI	City GREENVILLE	State RI
Zip 02920		Zip 02828	
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 MARCEL L. D'AUTEUIL		Director Name LORI C. ADAMO	
Street Address 84 MASON AVENUE		Street Address 21 BURTON DRIVE	
City CLANSTON	State RI	City CLANSTON	State RI
Zip 02910		Zip 02921	
Director Name JANICE M. PASCOUE		Director Name ADRIAN G. BEAULIEU	
Street Address 9 MAPLE FARMS ROAD		Street Address 36 DARRABANSETT PARKWAY	
City CLANSTON	State RI	City WARWICK	State RI
Zip 02921		Zip 02888	
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 CEZAR L. FERREIRA		Date 1/19/23	
Signature of Officer/Authorized Representative <i>Cezar L. Ferreira</i>		FILED	
		JAN 19 2023	
		BY ML COMA XP	

MAIL TO:
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