



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2023**

## Non-Profit Corporation

→ 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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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 Organ <input type="checkbox"/>					
6. Principal Office Address PO Box 807		City North Kingstown		State RI	Zip 02852
7. List ALL officers (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name James Halley			Vice-President Name		
Street Address 125 Plain Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name James Halley			Treasurer Name Melissa Anderson		
Street Address 125 Plain Road			Street Address 7625 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name James Halley			Director Name Melissa Anderson		
Street Address 125 Plain Road			Street Address 7625 Post Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Nancy 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.					
<b>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.</b>					
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 Melissa Anderson				Date 03/02/2023	
Signature of Officer/Authorized Representative <i>Melissa Anderson</i>					

## 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: 2/2023