



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

FILED

FEB 23 2024

BY

REC'D RI SOS BSD
12 FEB 23 PM 12:05:41

1. Entity ID Number 000012284		2. Exact name of the Corporation Rotary Club of Scituate Rhode Island, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Community Service; Charitable Activities, Title 7-6			
4. NAICS Code 813319					
6. Principal Office Address P.O. Box 461			City North Scituate	State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph Webster			Vice-President Name Jennifer Huff		
Street Address 201 Elmdale Road			Street Address 201 Franklin Road		
City North Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
Secretary Name Colleen Rose			Treasurer Name Sarah F. O'Toole		
Street Address P.O. Box 585			Street Address 111 Gold Mine Road		
City North Scituate	State RI	Zip 02857	City Foster	State RI	Zip 02825
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 Venson Jordan			Director Name Renee Pepler		
Street Address 668 Snake Hill Road			Street Address 292 Seven Mile Road		
City North Scituate	State RI	Zip 02857	City Hope	State RI	Zip 02831
Director Name Allan Howe			Director Name		
Street Address 18 Spruce Brook Road			Street Address		
City North Scituate	State RI	Zip 02857	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 Sarah F. O'Toole				Date X 2/20/24	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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