



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

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LF108

1. Entity ID Number 1708771		2. Exact name of the Corporation Middletown Rotary Charitable Foundation, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Service Organization			
4. NAICS Code 813211					
6. Principal Office Address P. O. Box 4258			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lois Ann Murray			Vice-President Name		
Street Address 21 Bartlett Rd			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Secretary Name Deborah Bryan			Treasurer Name John W. Haggis		
Street Address 21 Russell Ave.			Street Address 21 Bartlett Rd.		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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 Lois Ann Murray			Director Name Richard Bernardi		
Street Address 21 Bartlett Rd			Street Address 94 Bayview Ave.		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
Director Name Deborah Bryan			Director Name Bethany Richards		
Street Address 21 Russell Ave.			Street Address 24 Rockwood Rd.		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John W. Haggis				Date 02/14/2024	
Signature of Officer/Authorized Representative <i>John W. Haggis</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov