



State of Rhode Island  
Department of State - Business Services Division

FILED

FEB 24 2025

BY

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Annual Report for the year: 2025.

Non-Profit Corporation

RI DOS MADE EDITS PER FILER

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Filing Number 28507		2. Exact name of the Corporation Middletown Rotary Club, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-Profit service organization			
4. NAICS Code 813319					
6. Principal Office Address P O Box 4258			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Angel Gonzalez			Vice-President Name John W. Haggis		
Street Address 137 Swinburne Row			Street Address 21 Bartlett Road		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name Cori Kilzi			Treasurer Name Lois Ann Murray		
Street Address 5 Bliss Road			Street Address 21 Bartlett Road		
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. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name Angel Gonzalez			Director Name Christopher Semonelli		
Street Address 137 Swinburne Row			Street Address 542 Wolcott Ave		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Director Name John W. Haggis			Director Name Lois Ann Murray		
Street Address 21 Bartlett Road			Street Address 21 Bartlett Road		
City Middletown	State RI	Zip 02842	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.					
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 Lois Ann Murray				Date 2/19/25	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

Middletown Rotary Club Inc.

*Corporate ID 000028507*

Additional Directors

Cori Kilzi  
5 Bliss Road  
Newport, RI 0284