



State of Rhode Island  
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

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.

MAY 28 2025  
BY *[Signature]*

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
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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 Kristin Whelan			Treasurer Name Wendy Knowlton		
Street Address 11575 Lusby Lane # 1024			Street Address 337 Central Pike		
City Lusby	State MO	Zip 20657	City Scituate	State RI	Zip 02857

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 Sarah F. O'Toole				Director Name Lynn OuBois			
Street Address 111 Gold Mine Road				Street Address 1884 Snake Hill Rd			
City Foster	State RI	Zip 02825	City N. Scituate	State RI	Zip 02857		
Director Name Mark Caruso				Director Name Janet Andet			
Street Address 884 Snake Hill Rd				Street Address P.O. Box 266			
City N. Scituate	State RI	Zip 02857	City Hope	State RI	Zip 02833		

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 <i>[Signature]</i> Sarah O'Toole	Date 5/5/25
Signature of Officer/Authorized Representative <i>[Signature]</i>	

MAIL TO:  
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