



State of Rhode Island
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV.

| | | | | | |
|--|----------|--|-----------------|------------------------|-----------|
| 1. Entity ID Number 000012284 | | 2. Exact name of the Corporation Rotary Club of Scituate Rhode Island <u>INC</u> | | 2025 JUN -2 P 4: 10 | |
| 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 PO 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 N Scituate | State RI | Zip | City Foster | State RI | Zip 02825 |
| Secretary Name Kristen Whelan | | Treasurer Name Sarah F. O'Toole | | | |
| Street Address 11575 Lusby Lane #1024 | | Street Address 111 Gold Mine Road | | | |
| City Lusby | State MD | Zip 20657 | 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 Lynn Dubois | | Director Name Mark Calzo | | | |
| Street Address 884 Snake Hill Road | | Street Address 884 Snake Hill Road | | | |
| City N Scituate | State RI | Zip 02857 | City N Scituate | State RI | Zip 02857 |
| Director Name Janet Audet | | Director Name | | | |
| Street Address PO Box 266 | | Street Address | | | |
| City Hope | State RI | Zip 02831 | 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. | | | | | |
| <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 Sarah F. O'Toole | | | | Date 5/27/25 | |
| Signature of Officer/Authorized Representative <u>[Signature]</u> | | | | | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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JUN 02 2025
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