

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

						
1. Corporate ID No. 58025	2. Name of Corporation The Historical Society of Smithfield					
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address 220 Stillwater Road				thfield 02917	
5. Foreign corporation. Enter prin	cipal office address	A	City	State	Zip	
history of the 7. NAMES AND ADDRESSES President Name	ne Town of Sometiments	Smithfield, R S. ("x" BOX FOR ATTACE	land Appleby House and Rhode Island (MENT) FILL IN SPACES BI			
Geraldine (Geri) DeAngelis			James Ignasher			
Street Address 10 Burlingame Road			Street Address 40 Sprague Street			
Smithfield	State RI	<i>Ζψ</i> 02917	City Greenville	State RI	^{Zip} 02828	
Secretary Name Paul Lineberger			Treasurer Name Maggie Botelho			
Street Address 15 Depinedo Street			Street Address 172 Ridge Road			
City Providence	State RI	02904	City	State	Zip	
8. NAMES AND ADDRESSES	ORS OF A DOMESTI	C (RHODE ISLAND) (Smithfield CHMENT)		NG ATTACHMENTS	
Street Address 10 Burlingame Road			Street Address 40 Sprague Street			
City Smithfield	State RI	^{Ζψ} 02917	Greenville	State RI	<i>Zi</i> p 02828	
Director Name Maggie Botelho			Director Name Paul Lineberger			
Street Address 172 Ridge Road			Street Address 15 Depinedo Street			
Smithfield	State RI	^{Ζip} 02917	City Providence	State RI	^{Zip} 02904	
9. REGISTERED AGENT IN I	RHODE ISLAND A D	O NOT ALTER - Chang	ges require filing of Form 64	is ra.g.l.	7-6-13 / 7-6-78	
Ralph E. Iannitelli			Address 3 Austin Avenue			
Address PO Box 284			Greenville	Greenville Zip 02828		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	ElsEn	ele altere a diament	
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FOR	SECRETARY OF	STATE USE ONLY	

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.

Print or Type Name of Officer President