

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

Providence, RI 02904-2615 401.222.3040

Form 631 Rev. 09/17

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. Corporaje ID No. 2. Name of Case	Corporation SMITUSIC	ام ماء،	ah h sa s	1000 (ENKER	
3. State of incorporation 4. Corpora	ue address in Rbode Island - S ESMOND ST.	treel Address	o RI	02911	ESMOND	02917
5. Foreign corporation. Enter principal office	<u> </u>	Ci			State	Zip
6. Brief Description of the character of the affair.	s which are actually conducted	l in Ithode Island			<u> </u>	
Neghborhood CENTER						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
RICHARD W. HEBERT			JAMES O DO, JASII			
Street Address \$3 FENWOOD AVE			Street Address 17 Highyiew DR			
City State	Zip	Ci	ty	<u> </u>	State	Zip
24111160 142	0291	7	Smill	HELO	l KI	02911
Secretary Name Jack Hol	104	Tr	easurer Name KL	5 BL	ackmons.	
Street Address SI FELLUID OO	Are	Str	eei Address 233	OL,	COLNY RO	
Smithfieb state R.	E 240291	1	5mith	field	State R L	02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23						
Director Name		Di	rector Name	ο.		
JOHN EMI	1		ELEDIE	Black	MORE	
Street Address John Mourz	Rom	Sin	vei Address . 33	3 OLO	COUNTY RO	
Smithfield State	E 29	n Gi	Smith	fielo	State Pla	0291
Birchars W. H	GBERT	Di	rector Name JAME	s Ö'	DONNEIL	
Street Address 53 Es Luco	AUE	Str	cei Address	Hial	Wiew Dr	
Smithfill RI	24 02-911	Cu	South	Cielo	State	21p 02917
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date FILED	statements contained herein are true and correct.
Check No JAN 22 2009	Signature of Officer Date Richard W. Hebert
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Director Title of Officer