



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2009

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. 86245		2. Name of Corporation N SMITHFIELD FOOTBALL PARENTS CLUB			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address PO BOX 654		City SLATERSVILLE	Zip 02876
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE THE N SMITHFIELD HIGH SCHOOL FOOTBALL PROGRAM. WE PROVIDE FUNDS FOR EQUIPMENT & ACTIVITIES NOT COVERED BY THE BUDGET.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT SENECA			Vice President Name PAUL KILL		
Street Address 1211 POUNDHILL RD			Street Address 841 ROCKY HILL RD		
City N SMITHFIELD	State RI	Zip 02896	City N SMITHFIELD	State RI	Zip 02896
Secretary Name KARLENE GORMLEY			Treasurer Name ANN MARIE MENDES		
Street Address 5 VILLAGE WAY			Street Address PO BOX 981		
City N SMITHFIELD	State RI	Zip 02896	City SLATERSVILLE	State RI	Zip 02876
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 MARK MARCHAND			Director Name ROBERT SENECA		
Street Address 784 BLACK PLAIN RD			Street Address 1211 POUNDHILL RD		
City N SMITHFIELD	State RI	Zip 02896	City N SMITHFIELD	State RI	Zip 02896
Director Name PAUL KILL			Director Name ANN MARIE MENDES		
Street Address 841 ROCKY HILL RD			Street Address PO BOX 981		
City N SMITHFIELD	State RI	Zip 02896	City SLATERSVILLE	State RI	Zip 02876
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. 7-6-13/7-6-7					

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

FILED

JUL 09 2009

By JMD

029-94209

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.

Signature of Officer
Ann Marie Mendes
Date
6-23-09

Print or Type Name of Officer
ANN MARIE MENDES

Title of Officer
TREASURER

File Date	
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

05:01 AM 6-9-2009

SECRETARY OF STATE

DIRECTOR

KARLENE GORMLEY

5 Village Way

N Smithfield, RI 02896

RECEIVED
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CORPORATIONS DIV

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