



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 122922		2. Exact name of the Corporation The Holy Ghost Society of North Smithfield			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island To assist people in need who are encountering difficult financial or health challenges.			
5. Principal office address 130 Elder Ballou Rd		City Woonsocket	State RI	Zip 02895	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name None		Vice-President Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name Trina Lavoie		Treasurer Name Michelle Guertin			
Street Address 130 Elder Ballou Rd		Street Address 215 Sandtrap Ct			
City Woonsocket	State RI	Zip 02895	City Northbridge	State MA	Zip 01534
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Bosco		Director Name Michael Freitas			
Street Address Colonial Village, Apt 14C		Street Address 55 Grand St			
City North Smithfield	State RI	Zip 02876	City Woonsocket	State RI	Zip 02895
Director Name John Pacheco		Director Name Michelle Guertin			
Street Address 257 Perrin Ave		Street Address 215 Sandtrap Ct			
City Pawtucket	State RI	Zip 02861	City Northbridge	State MA	Zip 01534
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

MAY 21 2012

File Date _____

Check No _____

By: _____

By: *[Signature]*

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] 5/18/12
 Signature of Officer Date

Michelle M. Guertin
 Print or Type Name of Officer

Treasurer
 Title of Officer

FOR SECRETARY OF STATE USE ONLY

OK # 2133