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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.	2. Exact name of the Corporation
000192329	**North Smithfield Robotics Club**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**TO PROVIDE CLASSES AND WORKSHOPS FOR CHILDREN IN ROBOTICS**

5. Principal office address	City	State	Zip
101 Brentwood Drive	**North Smithfield**	**RI**	**02896**

. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Janice Horn			**ANNE-MARIE GIRARD**		
Street Address			Street Address		
101 Brentwood Drive			**77 URRICO AVE**		
City	State	Zip	City	State	Zip
North Smithfield	**RI**	**02896**	**North Smithfield**	**RI**	**02896**
Secretary Name			Treasurer Name		
N/A			**MARY ELLEN ROSE**		
Street Address			Street Address		
			345 IRON MINE HILL ROAD		
City	State	Zip	City	State	Zip
			North Smithfield	**RI**	**02896**

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Janice Horn			**ANNE-MARIE GIRARD**		
Street Address			Street Address		
101 Brentwood Drive			**77 URRICO AVE**		
City	State	Zip	City	State	Zip
North Smithfield	**RI**	**02896**	**North Smithfield**	**RI**	**02896**
Director Name			Director Name		
N/A			**MARY ELLEN ROSE**		
Street Address			Street Address		
			345 IRON MINE HILL ROAD		
City	State	Zip	City	State	Zip
			North Smithfield	**RI**	**02896**

. 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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 26 2012
BY 135

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.

Janice Horn 7/25/12
Signature of Officer Date

President Janice Horn
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012

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