



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 2013

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. 29026		2. Exact name of the Corporation Smithfield United Society Smithfield			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Maintains an historic Building for the promotion of the intellectual, moral, religious, and civic			
5. Principal office address 403 Log Road			City Smithfield	State RI	Zip 02917
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard D. Mowry			Vice-President Name Stanley H. Mowry		
Street Address 403 Log Road			Street Address 490 G Range Road		
City Smithfield	State RI	Zip 02917	City No Smithfield	State RI	Zip 02896
Secretary Name Joanne Billington			Treasurer Name Carla Gardner		
Street Address 59 Branch Pike			Street Address 76 Brayton Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
. 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 Richard Mowry			Director Name Stanley Mowry		
Street Address 403 Log Road			Street Address 490 G Range Road		
City Smithfield	State RI	Zip 02917	City No Smithfield	State RI	Zip 02896
Director Name Joanne Billington			Director Name Carla Gardner		
Street Address 59 Branch Pike			Street Address 76 Brayton Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
. 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

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.

File Date _____

JUN 20 2013

Richard D. Mowry 6/19/13
Signature of Officer Date

Check No _____

By: _____

BY 14208

Richard D. Mowry
Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

President
Title of Officer