



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 27998		2. Exact name of the Corporation North Smithfield Heritage Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Non-profit, educational, historical, preservationist, community service oriented activities center.			
5. Principal office address Box 413		City Slatersville		State RI	Zip 02876
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name John J. Faricy		Vice-President Name Donna Kaehler			
Street Address 802 Pound Hill Road		Street Address 99 Log Road			
City North Smithfield	State RI	Zip 02896	City Harrisville	State RI	Zip 02830
Secretary Name Louise Vanhouwe		Treasurer Name Elizabeth D. Faricy			
Street Address PO Box 75 - 193 School Street		Street Address 802 Pound Hill Road			
City Forestdale	State RI	Zip 02824	City North Smithfield	State RI	Zip 02896
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name John J. Faricy		Director Name Donna Kaehler			
Street Address 802 Pound Hill Road		Street Address 99 Log Road			
City North Smithfield	State RI	Zip 02896	City Harrisville	State RI	Zip 02830
Director Name Louise Vanhouwe		Director Name Elizabeth D. Faricy			
Street Address PO Box 75 - 193 School Street		Street Address 802 Pound Hill Road			
City Forestdale	State RI	Zip 02824	City North Smithfield	State RI	Zip 02896
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, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

MAY 05 2014

Check No _____

By: _____

BY **2844**

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.

Elizabeth D. Faricy
Signature of Officer or Authorized Representative

May 2, 2014

Date

FOR SECRETARY OF STATE USE ONLY

Elizabeth D. Faricy - Treasurer

Print or Type Name of Officer or Authorized Representative