



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. 123950		2. Exact name of the Corporation SMITHFIELD WELCOME TO R.I. TOUR-GROUP	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To welcome visitors to R.I. intra and inter state fashion	
5. Principal office address 1401 RT 1344-123 Pleasant View		City Smithfield	State R.I.
		Zip 02917	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name RICHARD D. F. KORNAKCI		Vice-President Name Adrian Sagnon	
Street Address 171 Pleasant View Ave		Street Address 171 Pleasant View Ave	
City Smithfield	State R.I.	City Smithfield	State R.I.
Zip 02917		Zip 02917	
Secretary Name John Rolando		Treasurer Name John W. Wells	
Street Address 171 Pleasant View Ave		Street Address 171 Pleasant View Ave	
City Smithfield	State R.I.	City Smithfield	State R.I.
Zip 02917		Zip 02917	
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 Sgt Mark Brazil		Director Name Tom Ursillo	
Street Address 171 Pleasant View Ave		Street Address 171 Pleasant View Ave	
City Smithfield	State R.I.	City Smithfield	State R.I.
Zip 02917		Zip 02917	
Director Name Gen Stanley Tilenda		Director Name	
Street Address 171 Pleasant View Ave		Street Address	
City Smithfield	State R.I.	City	State
Zip 02917		Zip	

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

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

FILED

MAY 23 2014

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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.

Richard D. F. Kornacki 6-23-14
 Signature of Officer or Authorized Representative Date

RICHARD D. F. KORNAKCI
 Print or Type Name of Officer or Authorized Representative

2014 MAY 23 AM 11:30
 CORPORATION DIVISION