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.	2. Exact name of the Corporation
113032	**Smithfield Veterans Memorial Committee**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To design, erect and maintain a monument recognizing all veterans of the Town of Smithfield**

5. Principal office address	City	State	Zip
One William J. Hawkins Jr. Trail	**Smithfield**	**RI**	**02828**

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

President Name			Vice-President Name		
John H. Capalbo			**Allan McKenney**		
Street Address			Street Address		
23 Maureen Drive			**64 Cedar Swamp Road**		
City	State	Zip	City	State	Zip
Esmond	**RI**	**02917**	**Smithfield**	**RI**	**02917**
Secretary Name			Treasurer Name		
Peter Lawrence			**John E. Tucker**		
Street Address			Street Address		
12 High View Drive			**3 James Street**		
City	State	Zip	City	State	Zip
Smithfield	**RI**	**02917**	**Greenville**	**RI**	**02828**

7. 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		
David Goudreau			**Laurence J. Sasso, Jr.**		
Street Address			Street Address		
16 Baldwin Drive			**145 Mann School Road**		
City	State	Zip	City	State	Zip
Greenville	**RI**	**02828**	**Smithfield**	**RI**	**02917**
Director Name			Director Name		
Peter Lawrence			**None**		
Street Address			Street Address		
12 High View Drive					
City	State	Zip	City	State	Zip
Smithfield	**RI**	**02917**			

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

JUL 15 2014

File Date _____

Check No _____ **BY** 1223

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

John E. Tucker 7/13/14
Signature of Officer or Authorized Representative Date

John E. Tucker, Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014