



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000027580

2. Name of Corporation KIWANIS CLUB OF NORTH SMITHFIELD, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 90 SCHOOL STREET
PO BOX 669

City or Town: FORESTDALE State: RI Zip: 02824 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

COMMUNITY SERVICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	GARY F NARODOWY	66 GREEN STREET SLATERSVILLE, RI 02876 USA
TREASURER	H ANTHONY DELLER	10 RAILROAD ST, UNIT 77S SLATERSVILLE, RI 02876 USA

SECRETARY	CAMILA P LEVY	909 OLD SMITHFIELD ROAD NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	RONALD F MORIN	3 OBELINE DRIVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	GARY F NARODOWY	66 GREENE STREET SLATERSVILLE, RI 02876 USA
DIRECTOR	RONALD F MORIN	3 OBELINE DRIVE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	H ANTHONY DELLER	10 RAILROAD ST, UNIT 77S SLATERSVILLE, RI 02876 USA
DIRECTOR	CAMILA P LEVY	909 OLD SMITHFIELD ROAD NORTH SMITHFIELD, RI 02896 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

H. ANTHONY DELLER, CPA 10 RAILROAD STREET, UNIT 77S SLATERSVILLE , RI 02876

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of July, 2014 at 6:31:19 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By H ANTHONY DELLER
Signature of Authorized Person

Form No. 631
Revised 09/07