



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 **2015**

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. 153013		2. Exact name of the Corporation The Smithfield Preservation Society			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Preservation/restoration of artifacts, structures and land areas, that hold historical interest to the town of Smithfield and surrounding areas.			
5. Principal office address 7 John Mowry Road		City Smithfield		State R.I.	Zip 02917-1207
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John F. Emin, Jr.			Vice-President Name None		
Street Address 7 John Mowry Road			Street Address		
City Smithfield	State R.I.	Zip 02917-1207	City	State	Zip
Secretary Name Alicia A. Coogan			Treasurer Name Lois H. Cooke		
Street Address 13 Church Street			Street Address 25 Tucker Road		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
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 Patrick Meenan			Director Name Robert E. Leach		
Street Address 20 Willow Road			Street Address 147 Austin Avenue		
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
Director Name Michael J. Flynn			Director Name		
Street Address 3 Hawthorne Drive			Street Address		
City Greenville	State R.I.	Zip 02828	City	State	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: _____

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BY 214

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.

FILED
MAY 04 2015

John F. Emin, Jr.
Signature of Officer or Authorized Representative

5/2/2015
Date

John F. Emin, Jr. - President
Print or Type Name of Officer or Authorized Representative