



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: 2015

1. Corporate ID No. 000026649

2. Name of Corporation East Smithfield Neighborhood Center

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 7 ESMOND STREET

City or Town: SMITHFIELD

State: RI

Zip: 02917

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

NEIGHBORHOOD CENTER

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	ELODIE BLACKMORE	233 OLD COUNTY RD SMITHFIELD, RI 02917 USA
SECRETARY	JACK HOLTON	51 FENWOOD AVE SMITHFIELD, RI 02917 USA
PRESIDENT	RICHARD W HEBERT	53 FENWOOD AVENUE

		ESMOND, RI 02917 USA
DIRECTOR	JOHN EMIN	JOHN MAURY ROAD SMITHFIELD, RI 02917 USA
DIRECTOR	JAMES O'DONNELL	17 HIGH VIEW DR SMITHFIELD, RI 02917 USA
DIRECTOR	RICHARD WILLIAM HEBERT	53 FENWOOD AVE SMITHFIELD, RI 02917 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**

RICHARD HEBERT 7 ESMOND STREET ESMOND , RI 02917

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, 2015 at 12:05:09 PM 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 RANDY R ROSSI
Signature of Authorized Person

Form No. 631
Revised 09/07

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