



**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. 000104370

2. Name of Corporation Smithfield Education Foundation, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 49 FARNUM PIKE

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

A GOAL OF PROMOTING EXCELLENCE IN EDUCATION BY FUNDING INITIATIVES THAT SUPPORT, ENHANCE AND ADVANCE THE ACADEMIC EXPERIENCE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	DOREEN NICHOLSON	23 CLARK ROAD SMITHFIELD, RI 02917 USA
TREASURER	ANNETTE PAIVA	59 FANNING LANE GREENVILLE, RI 02828 USA

VICE PRESIDENT	SANDI BRENNER	26 PEACE PIPE TRAIL SMITHFIELD, RI 02917 USA
DIRECTOR	ANNETTE PAIVA	59 FANNING LANE GREENVILEL, RI 02828 USA
DIRECTOR	SANDI BRENNER	26 PEACE PIPE TRAIL SMITHFIELD, RI 02917 USA
DIRECTOR	DOREEN NICHOLSON	23 CLARK ROAD 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**

DOREEN NICHOLSON 23 CLARK ROAD SMITHFIELD , 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 8 Day of September, 2015 at 11:04:55 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 DOREEN NICHOLSON
Signature of Authorized Person

Form No. 631
Revised 09/07