



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. 743556		2. Exact name of the Corporation North Smithfield Neighborhood Coalition, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To combine resources of the community in order to protect the rights of citizens against community and property deterioration. To provide a community message to			
5. Principal office address 3 Indigo Farm Road		City Harrisville	State RI	Zip 02830	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Michael Black			Vice-President Name William Nangle, Jr.		
Street Address 19 Leonard Drive			Street Address 3 Indigo Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Scott Martin			Treasurer Name Kenneth R. Murphy		
Street Address 2 Christina Way			Street Address 4 Indigo Farm Road		
City North Smithfield	State RI	Zip 02896	City Harrisville	State RI	Zip 02830
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name William Nangle, Jr.			Director Name Scott Martin		
Street Address 3 Indigo Farm Road			Street Address 2 Christina Way		
City Harrisville	State RI	Zip 02830	City North Smithfield	State RI	Zip 02896
Director Name Michael Black			Director Name Kenneth R. Murphy		
Street Address 19 Leonard Drive			Street Address 4 Indigo Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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

DEC 24 2015

File Date _____

Check No. _____

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.

Signature of Officer or Authorized Representative

Date

Kenneth R. Murphy

Print or Type Name of Officer or Authorized Representative