



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN -7 AM 10:32

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
123950		Smithfield Welcome to Rhode Island tour group.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		TO Rediscover Rhode Island from BACKYARD U.S.A.			
5. Principal Office Address		City	State	Zip	
171 Pleasant View Ave		Broadale	235 Smithfield	RI 02917	
6. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name		Vice-President Name			
Richard D. E. Kornacki		Tom Adamo TONY ADAMO			
Street Address		Street Address			
171 Pleasant View Ave.		171 Pleasant View Ave.			
City	State	Zip	City	State	Zip
Smithfield	R.I.	02917	Smithfield	R.I.	02917
Secretary Name		Treasurer Name			
John Wellington Wells		Andrea Gagnon			
Street Address		Street Address			
171 Pleasant View Ave.		171 Pleasant View Ave.			
City	State	Zip	City	State	Zip
Smithfield	R.I.	02917	Smithfield	R.I.	02917
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
Director Name		Director Name			
Sgt. Mark Brazil		Tom Ursillo			
Street Address		Street Address			
171 Pleasant View Ave.		171 Pleasant View Ave.			
City	State	Zip	City	State	Zip
Smithfield	R.I.	02917	Smithfield	R.I.	02917
Director Name		Director Name			
Dean Stanley Tilenka					
Street Address		Street Address			
171 Pleasant View Ave.					
City	State	Zip	City	State	Zip
Smithfield	R.I.	02917			
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Richard D. E. Kornacki				6/7-12-16	
Signature of Officer/Authorized Representative					
RICHARD D. KORNACKI SIGN DOCUMENT HERE					

FILED

JUN 07 2016

By

A.A.