



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: 2016

1. Corporate ID No. 000790152

2. Name of Corporation SMITHFIELD FIRE FIGHTERS MEMORIAL FOUNDATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 607 PUTNAM PIKE

City or Town: SMITHFIELD

State: RI

Zip: 02828

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

BUILD AND MAINTAIN A MEMORIAL PARK

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MICHEAL LEBLANC	15 COVE COVENTRY, RI 02816 USA
TREASURER	STEVE CARBERRY	121 SPICEBUSH TR NARRAGANSETT, RI 02882 US
SECRETARY	CHRIS FUSARO	103 MAPLEVILLE

		SMITHFIELD, RI 02828 USA
DIRECTOR	STEVE CARBERRY	121 SPICEBUSH NARRAGANSETT, RI 02882 USA
DIRECTOR	MICHAEL LEBLANC	15 COVE COVENTRY, RI 02816 USA
DIRECTOR	CHRIS FUSARO	103 MAPLEVILLE ROAD GREENVILLE, RI 02828 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**

STEVE CARBERRY 607 PUTNAM PIKE SMITHFIELD , RI 02828

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 14 Day of June, 2016 at 12:23:45 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 STEVE CARBERRY
Signature of Authorized Person

Form No. 631
Revised 09/07

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