



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. 000788721

2. Name of Corporation Smithfield Court Condo Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 565 SMITHFIELD ROAD

City or Town: NORTH PROVIDENCE

State: RI Zip: 02904 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

THE MANAGEMENT OF ALL AFFAIRS OF THE SMITHFIELD COURT CONDO ASSOCIATION

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MAUREEN LORENZO	565 SMITHFIELD ROAD, D2 NORTH PROVIDENCE, RI 02904 USA
TREASURER	ROBERT BURNS	565 SMITHFIELD ROAD, D3 NORTH PROVIDENCE, RI 02904 USA

DIRECTOR	MARCO DESROCHERS	565 SMITHFIELD ROAD, D8 NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	WILOMENA ORABONA	565 SMITHFIELD ROAD, D7 NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	JAMES DIPIPPA	565 SMITHFIELD ROAD, C10 NORTH PROVIDENCE, RI 02904 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**

ROBERT BURNS 565 SMITHFIELD ROAD, D-3 NORTH PROVIDENCE , RI 02904

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

**Signed this 21 Day of June, 2016 at 9:56:13 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 SHERRY FERREIRACADDEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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