



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>153013</u>		2. Exact name of the Corporation <u>THE SMITHFIELD PRESERVATION SOCIETY</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>PRESERVATION/RESTORATION OF ARTIFACTS, STRUCTURES AND LAND AREAS, THAT HOLD HISTORICAL INTEREST TO THE TOWN OF SMITHFIELD AND SURROUNDING AREAS</u>			
5. Principal Office Address <u>7 JOHN MOWRY ROAD</u>		City <u>SMITHFIELD</u>	State <u>R.I.</u>	Zip <u>02917-1207</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>JOHN F. EMIN, JR</u>		Vice-President Name <u>NONE</u>			
Street Address <u>7 JOHN MOWRY ROAD</u>		Street Address			
City <u>SMITHFIELD</u>	State <u>R.I.</u>	Zip <u>02917-1207</u>	City	State	Zip
Secretary Name <u>ALICIA COOGAN</u>		Treasurer Name <u>LOIS H. COOKE</u>			
Street Address <u>13 CHURCH STREET</u>		Street Address <u>25 TUCKER ROAD</u>			
City <u>GREENVILLE</u>	State <u>R.I.</u>	Zip <u>02828</u>	City <u>GREENVILLE</u>	State <u>R.I.</u>	Zip <u>02828</u>
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name <u>PATRICK MEENAN</u>		Director Name <u>ROBERT E. LEACH</u>			
Street Address <u>20 WILLOW ROAD</u>		Street Address <u>147 AUSTIN AVENUE</u>			
City <u>GREENVILLE</u>	State <u>R.I.</u>	Zip <u>02828</u>	City <u>GREENVILLE</u>	State <u>R.I.</u>	Zip <u>02828</u>
Director Name <u>MICHAEL J. FLYNN</u>		Director Name			
Street Address <u>3 HAWTHORNE DRIVE</u>		Street Address			
City <u>GREENVILLE</u>	State <u>R.I.</u>	Zip <u>02828</u>	City	State	Zip
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 <u>JOHN F. EMIN, JR</u>				Date <u>6-30-16</u>	
Signature of Officer/Authorized Representative <u>John F. Emin Jr</u>					

FILED

JUL 05 2016

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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov