



**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.** 000067037

**2. Name of Corporation** SMITHFIELD MEMORIAL VFW POST 2929

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 47 FARNUM PIKE

City or Town: SMITHFIELD State: RI Zip: 02917 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**

FRATERNAL PATRIOTIC, HISTORICAL AND EDUCATIONAL TO PRESERVE STRENGTHEN  
COMRADESHIP AMONG ITS MEMBERS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b>	<b>Address</b>
PRESIDENT	ROBERT C GRUETZKE	16 CLARKE RD. COVENTRY, RI 02816 USA
TREASURER	THOMAS L CARNEY	58 BURLINGAME RD SMITHFIELD, RI 02917 USA

SECRETARY	LEO R SWIDER	50 FARNUM PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	GARY W MADDOCKS	125 FARNUM PK SMITHFILED, RI 02917 USA
DIRECTOR	ANTONIO S FONSECA	84 AUSTIN AVE SMITHFILED, 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**

LEO R. SWIDER 50 FARNUM PIKE SMITHFIELD , RI 02917

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

**Signed this 8 Day of July, 2016 at 2:17:22 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 THOMAS CARNEY  
 Signature of Authorized Person

Form No. 631  
 Revised 09/07

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