



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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
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 SMITHFIELD, RI 02917 USA
DIRECTOR	ANTONIO S FONSECA	84 AUSTIN AVE SMITHFIELD, 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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