

State of Rhode Island and Providence Plantations

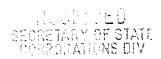
Department of State - Business Services Division

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.



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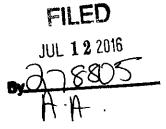
| • | | | | 2010 JUL-1 | 2 Fr 2 10 | |
|--|-------------------|--|--------------------------------------|---------------------|-----------------------------|--|
| 1. Entity ID Number | 2. Exact nan | 2. Exact name of the Corporation | | | | |
| 113032 | Smithfield | Smithfield Veterans Memorial Committee | | | | |
| 3. State of Incorporation | 4. Brief desc | 4. Brief description of the character of business conducted in Rhode Island | | | | |
| Rhode Island | To design, | To design, erect and maintain a monument recognizing all veterans of Smithfield. | | | | |
| 5. Principal Office Address | | | City | State | Zip | |
| One William J. Hawkins, Jr. Trail | | | Greenville | RI | 02828 | |
| 6. List ALL officers (names an | d addresses) | | | Check the box to in | ndicate an attachment | |
| President Name John H. Capalbo | | | Vice-President Name Allan McKenney | | | |
| Street Address 23 Maureen Drive | | | Street Address 64 Cedar Swamp Road | | | |
| ^{City} Esmond | State RI | Zip 02917 | City Smithfield | State RI | ^{Zip} 02917 | |
| Secretary Name Peter Lawrence | | | Treasurer Name John E. Tucker | | | |
| Street Address 12 High View Drive | | | Street Address 3 James Street | | | |
| ^{City} Smithfield | State RI | ^{Zip} 02917 | ^{City} Greenville | State RI | ^{Zip} 02828 | |
| 7. List ALL directors (names a | and addresses). F | RI Corporations MU | JST list at least THREE dire | | to indicate an attachment | |
| Director Name David Goudreau | | | Director Name Laurence J. Sasso, Jr. | | | |
| Street Address 16 Baldwin Drive | | | Street Address 145 Mann School Road | | | |
| ^{City} Greenville | State RI | ^{Zip} 02828 | ^{City} Smithfield | State RI | ^{Zip} 02917 | |
| Director Name Peter Lawrence | | | Director Name None | | | |
| Street Address 12 High View Drive | | | Street Address | | | |
| ^{City} Smithfield | State RI | ^{Zip} 02917 | 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 | | | | Date | Date | |
| John E. Tucker, Treasurer | | | | July 11, 20 | July 11, 2016 | |
| Signature of Officer/Authorized Representative SIGN DOCUMENT HERE | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 631 - Revised: 05/2016