



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                    |  |   |                    |                     |
|--|--------------------|--|---|--------------------|---------------------|
| 1. Entity ID No.<br><b>743556</b>  |                    | 2. Exact name of the Corporation<br><b>North Smithfield Neighborhood Coalition, Inc.</b>   |   |                    |                     |
| 3. State of Incorporation<br><b>RI</b>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>To combine resources of the community in order to protect the rights of citizens against community and property deterioration. To provide a community message to</b> |   |                    |                     |
| 5. Principal office address<br><b>3 Indigo Farm Road</b>   |                    | City<br><b>Harrisville</b>   |   | State<br><b>RI</b> | Zip<br><b>02830</b> |
| <b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>  |                    |  |   |                    |                     |
| President Name<br><b>Michael Black</b>   |                    |  | Vice-President Name<br><b>William Nangle, Jr.</b> |                    |                     |
| Street Address<br><b>19 Leonard Drive</b>  |                    |  | Street Address<br><b>3 Indigo Farm Road</b>       |                    |                     |
| City<br><b>Harrisville</b>   | State<br><b>RI</b> | Zip<br><b>02830</b>  | City<br><b>Harrisville</b>                        | State<br><b>RI</b> | Zip<br><b>02830</b> |
| Secretary Name<br><b>Scott Martin</b>  |                    |  | Treasurer Name<br><b>Kenneth R. Murphy</b>        |                    |                     |
| Street Address<br><b>2 Christina Way</b>   |                    |  | Street Address<br><b>4 Indigo Farm Road</b>       |                    |                     |
| City<br><b>North Smithfield</b>  | State<br><b>RI</b> | Zip<br><b>02896</b>  | City<br><b>Harrisville</b>                        | State<br><b>RI</b> | Zip<br><b>02830</b> |
| <b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |                    |  |   |                    |                     |
| Director Name<br><b>William Nangle, Jr.</b>  |                    |  | Director Name<br><b>Scott Martin</b>              |                    |                     |
| Street Address<br><b>3 Indigo Farm Road</b>  |                    |  | Street Address<br><b>2 Christina Way</b>          |                    |                     |
| City<br><b>Harrisville</b>   | State<br><b>RI</b> | Zip<br><b>02830</b>  | City<br><b>North Smithfield</b>                   | State<br><b>RI</b> | Zip<br><b>02896</b> |
| Director Name<br><b>Michael Black</b>  |                    |  | Director Name<br><b>Kenneth R. Murphy</b>         |                    |                     |
| Street Address<br><b>19 Leonard Drive</b>  |                    |  | Street Address<br><b>4 Indigo Farm Road</b>       |                    |                     |
| City<br><b>Harrisville</b>   | State<br><b>RI</b> | Zip<br><b>02830</b>  | City<br><b>Harrisville</b>                        | State<br><b>RI</b> | Zip<br><b>02830</b> |
| <b>8. REGISTERED AGENT IN RHODE ISLAND</b>   |                    |  |   |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.  |                    |  |   |                    |                     |

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

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

AUG - 4 2016

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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.

*William Nangle Jr* 7/26/16  
 Signature of Officer or Authorized Representative Date

*William Nangle JR*  
 Print or Type Name of Officer or Authorized Representative