



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.

**AMENDED ANNUAL REPORT
 NO FILING FEE**

2016 SEP 21
 R.I. DEPT. OF STATE
 BUS SVCS DIV
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AM 10:51

1. Entity ID Number 113032		2. Exact name of the Corporation Smithfield Veterans Memorial Committee			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To design, erect and maintain a monument recognizing all veterans of Smithfield.			
5. Principal Office Address One William J. Hawkins, Jr. Trail		City Greenville	State RI	Zip 02828	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 David Goudreau		
Street Address 12 High View Drive			Street Address 16 Baldwin Drive		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John E. Tucker			Director Name Laurence J. Sasso, Jr.		
Street Address 3 James Street			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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative John H. Capalbo, President				Date September 19, 2016	
Signature of Officer/Authorized Representative <i>John H. Capalbo</i>				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



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

