



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2016**

Non-Profit Corporation

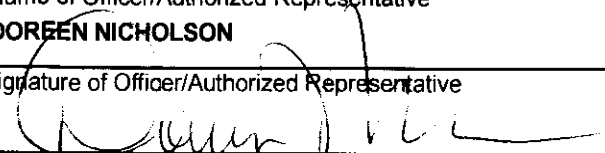
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

2017 APR 20 AM 10:04

1. Entity ID Number 104370		2. Exact name of the Corporation SMITHFIELD EDUCATION FOUNDATION, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island A GOAL OF PROMOTING EXCELLENCE IN EDUCATION BY FUNDING INITIATIVES THAT SUPPORT, ENHANCE AND ADVANCE THE ACADEMIC EXPERIENCE			
5. Principal Office Address 49 FARNUM PIKE			City SMITHFIELD	State RI	Zip 02917
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DOREEN NICHOLSON			Vice-President Name		
Street Address 23 CLARK ROAD			Street Address		
City SMITHFIELD	State RI	Zip 02917	City	State	Zip
Secretary Name SANDI BRENNER			Treasurer Name DOREEN NICHOLSON		
Street Address 26 PEACE PIPE TRAIL			Street Address 23 CLARK ROAD		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
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 DOREEN NICHOLSON			Director Name SANDI BRENNER		
Street Address 23 CLARK ROAD			Street Address 26 PEACE PIPE TRAIL		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name ANNETTE PAIVA			Director Name		
Street Address 59 FANNING LANE			Street Address		
City GREENVILLE	State RI	Zip 02828	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 DOREEN NICHOLSON				Date 03/9/17	
Signature of Officer/Authorized Representative 					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

APR 20 2017

BY

301461

AA. 10:05 A.M.

FORM 631 - Revised: 02/2017