



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

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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

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.

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|---|--------------------|--|-------------------------------|--------------------|---------------------|
| 1. Entity ID No. <u>29026</u> | | 2. Exact name of the Corporation <u>SMITHFIELD UNITED SOCIETY</u> | | | |
| 3. State of Incorporation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>TO PRESERVE THE OLD CHARACTER OF THE BUILDING AND STUDY THE OLD RELIGIOUS WAYS</u> | | | |
| 5. Principal office address <u>403 LOG ROAD</u> | | City <u>SMITHFIELD</u> | | State <u>RI</u> | Zip <u>02917</u> |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>RICHARD D. MOWRY</u> | | Vice-President Name <u>STANLEY H. MOWRY</u> | | | |
| Street Address <u>403 LOG ROAD</u> | | Street Address <u>490 GRANGE ROAD</u> | | | |
| City <u>SMITHFIELD</u> | State <u>RI</u> | Zip <u>02917</u> | City <u>NO. SMITHFIELD</u> | State <u>RI</u> | Zip <u>02896</u> |
| Secretary Name <u>JOANNE BILLINGTON</u> | | Treasurer Name <u>CARLA O'NEILL</u> | | | |
| Street Address <u>59 BRANCH PIKE</u> | | Street Address <u>76 BRAYTON ROAD</u> | | | |
| City <u>SMITHFIELD</u> | State <u>RI</u> | Zip <u>02917</u> | City <u>SMITHFIELD</u> | State <u>RI</u> | Zip <u>02917</u> |
| 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"/> | | | | | |
| Director Name <u>HOWARD O'NEILL</u> | | Director Name <u>CARLA O'NEILL</u> | | | |
| Street Address <u>76 BRAYTON ROAD</u> | | Street Address <u>76 BRAYTON ROAD</u> | | | |
| City <u>SMITHFIELD</u> | State <u>RI</u> | Zip <u>02917</u> | City <u>SMITHFIELD</u> | State <u>RI</u> | Zip <u>02917</u> |
| Director Name <u>STANLEY H. MOWRY</u> | | Director Name <u>JOANNE BILLINGTON</u> | | | |
| Street Address <u>490 GRANGE ROAD</u> | | Street Address <u>59 BRANCH PIKE</u> | | | |
| City <u>NO. SMITHFIELD</u> | State <u>RI</u> | Zip <u>02896</u> | City <u>SMITHFIELD</u> | State <u>RI</u> | Zip <u>02917</u> |
| 8. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| 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 _____

FILED

FOR SECRETARY OF STATE USE ONLY

JUN 27 2017

BY 2022

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.

Richard D. Mowry
 Signature of Officer or Authorized Representative

6-23-17
 Date

Richard D. Mowry
 Print or Type Name of Officer or Authorized Representative