



RI SOS Filing Number: 201872852410 Date: 7/26/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

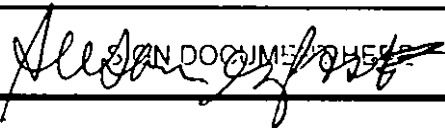
RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS
2018 JUL 26 PM 4:58Annual Report for the year: **2018**

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.

1. Entity ID Number 001676538		2. Exact name of the Corporation Smithfield High School Athletic Booster Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote and support the Smithfield High School Athletic Program and award scholarships through fundraising efforts.			
4. NAICS Code 813319 - Other Social Advocac					
6. Principal Office Address 90 Pleasant View Avenue		City Smithfield		State RI	Zip 02917
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Susan M Esposito			Vice-President Name none		
Street Address 66 Stillwater Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Linda Hickey			Treasurer Name Renee Melaragno		
Street Address 2 Sophia Lane			Street Address 1 Orchard Street		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Susan M Esposito			Director Name Renee Melaragno		
Street Address 66 Stillwater Road			Street Address 1 Orchard Street		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
Director Name Linda Hickey			Director Name none		
Street Address 2 Sophia Lane			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
9. 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 Susan M Esposito				Date July 18, 2018	
Signature of Officer/Authorized Representative Digitally signed by Susan M Esposito DN: c=US, o=Susan M Esposito, ou, email=suslebaby63@hotmail.com, c=US Date: 2018.07.18 22:49:47 -0400 				FILED	

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

JUL 26 2018

BY  27434290

FORM 631 - Revised: 11/2017