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**

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CORPORATIONS
2018 JUL 26 PM 2:58

**Annual 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 | 2. Exact name of the Corporation |
|---|---|
| **001676538** | **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 | City | State | Zip |
|---|---|---|---|
| **90 Pleasant View Avenue** | **Smithfield** | **RI** | **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.***

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

| Name of Officer/Authorized Representative | Date |
|---|---|
| **Susan M Esposito** | **July 18, 2018** |

Signature of Officer/Authorized Representative
Digitally signed by Susan M Esposito
DN: cn=Susan M Esposito, o, ou, email=susiebaby63@hotmail.com, c=US
Date: 2018.07.18 22:49:47 -04'00'

Susan M Esposito

**FILED**

JUL 26 2018

BY 27434290

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

FORM 631 - Revised: 11/2017