RI SOS Filing Number: 201874558590 Date: 8/14/2018 12:37:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018 AUG 14 PM 12:34

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
000104370	**Smithfield Education Foundation, Inc.**
3. State of Incorporation **RI**	5. 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 of the students in the Smithfield Public Schools.**
4. NAICS Code **813211 - Grantmaking Foundat**	

6. Principal Office Address	City	State	Zip
49 Farnum Pike	**Smithfield**	**RI**	**02917**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name **Sandi Brenner**		
Street Address			Street Address **26 Peace Pipe Trail**		
City	State	Zip	City **Smithfield**	State **RI**	Zip **02917**
Secretary Name			Treasurer Name **Sandi Brenner**		
Street Address			Street Address **26 Peace Pipe Trail**		
City	State	Zip	City **Smithfield**	State **RI**	Zip **02917**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Sandi Brenner**			Director Name **Annette Paiva**		
Street Address **26 Peace Pipe Trail**			Street Address **59 Fanning Lane**		
City **Smithfield**	State **RI**	Zip **02917**	City **Greenville**	State **RI**	Zip **02828**
Director Name **Jeremy Brenner**			Director Name		
Street Address **26 Peace Pipe Trail**			Street Address		
City **Smithfield**	State **RI**	Zip **02917**	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
Sandi Brenner	**08/10/2018**

Signature of Officer/Authorized Representative: Sandi Brenner SIGN DOCUMENT H **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

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FORM 631 - Revised: 11/2017