



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

SEP 20 2018

Annual Report for the year: 2018

Non-Profit Corporation _____

BY _____

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[Signature]

- 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 000153013		2. Exact name of the Corporation The Smithfield Preservation Society			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The preservation/restoration of artifacts, structures and land areas, that hold a historical interest to The Town of Smithfield and surrounding areas.			
4. NAICS Code 541720					
6. Principal Office Address 7 John Mowry Road		City Smithfield	State R.I.	Zip 02917	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John F. Emin, Jr.		Vice-President Name none at present			
Street Address 7 John Mowry Road		Street Address			
City Smithfield	State R.I.	Zip 02917	City	State	Zip
Secretary Name none at present		Treasurer Name none at present			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. 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 Patrick Meenan		Director Name Robert E. Leach			
Street Address 20 Willow Road		Street Address 147 Austin Avenue			
City Greenville	State R.I.	Zip 02828	City Greenville	State R.I.	Zip 02828
Director Name Michael J. Flynn		Director Name			
Street Address 3 Hawthorne Drive		Street Address			
City Greenville	State R.I. 02828	Zip	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 John F. Emin, Jr.				Date September 18, 2018	
Signature of Officer/Authorized Representative <i>John F. Emin, Jr.</i>				RE	

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov