



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

Annual Report for the year: 2019
 Non-Profit Corporation

511.5

- 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 113032		2. Exact name of the Corporation Smithfield Veterans Memorial Committee	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To design, erect and maintain a monument recognizing all veterans of Smithfield	
4. NAICS Code <i>Other Social Advoc</i> 813319			
6. Principal Office Address One William J. Hawkins, Jr. Trail		City Greenville	State R.I.
		Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John H. Capalbo		Vice-President Name Allen McKenney	
Street Address 23 MAURKIN DRIVE		Street Address 64 CEDAR SWAMP ROAD	
City ESMOND	State R.I.	City SMITHFIELD	State R.I.
Zip 02917		Zip 02917	
Secretary Name Peter Lawrence		Treasurer Name David J. Goudreau	
Street Address 12 High View Drive		Street Address 16 Baldwin Drive	
City SMITHFIELD	State R.I.	City Greenville	State R.I.
Zip 02917		Zip 02828	
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 David J. Goudreau		Director Name Lawrence J. Sasso Jr.	
Street Address 16 Baldwin Drive		Street Address 145 Mann School Road	
City Greenville	State R.I.	City SMITHFIELD	State R.I.
Zip 02828		Zip 02917	
Director Name Peter Lawrence		Director Name	
Street Address 12 High View Drive		Street Address	
City SMITHFIELD	State R.I.	City	State
Zip 02917		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative David J. Goudreau			Date May 31, 2019
Signature of Officer/Authorized Representative <i>David J. Goudreau</i>			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

JUN 03 2019

BY 1329 *KIM*