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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILED
JUN 2 4 2019 0

Annual Report for the year: **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 Smithfield	Dnited Society
State of Incorporation     State of Incorporation     State of Incorporation	of business conducted in Rhode Island
RI TO preserve +	don laistage
10 PIEDE TO PIEDE VIDTOS	
4 NAICS Code Con Off	
-813920 of the bollary meeting	
6. Principal Office Address. 403 Log Road	Smithfield RL 02917
7. List ALL officers (names and addresses)	Check the box to indicate an attachment
President Name Richard Mowy SV	Vice-President Name Howard O' Nei'l
Street Address 403 Log Rd	Street Address 76 Baylon Rd
city Smith field state II zip 02917	city (mithfield State PL 200917
Secretary Name Limbury Silvery	Treasurer Name (ACA O'Nei'll
Street Address AU Hanton Rd	Street Address 76 Brayton Rd
City of Smithfield State QL Zip 2896	city mithald state I zip 0917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment	
Director Name Howard D'Merll	Director Name Joanne Billington
Street Address_710 Braydon Ka	Street Address G Branch PA LQ
City Smithfield some PI Zio 2917	city many eld state L zio 2911
Director Name Town MOIDTY	Director Name Richard Moury Sc
Street Address J 3 R	Street Address 403 Log Rd
city Snithfield State ORT Zip 2917	Cito Smithfuld State RT 22911
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, Treesurer, duly Authorized Representative, Receiver or Trustee	
Name of Officer/Authorized Representative  Date  Date	
Signature of Officer/Authorized Representative  6-17-19	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov