

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

FILED

JUN 24 2019

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.

NY

-201

1. Entry ID Number 0000290260		2. Exact name of the Corporation Smithfield United Society	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To preserve the history of the building annual meeting	
4. NAICS Code 813920			
6. Principal Office Address 403 Log Road		City Smithfield	State RI Zip 02917
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard Mowry Sr		Vice-President Name Howard O'Neill	
Street Address 403 Log Rd		Street Address 716 Brayton Rd	
City Smithfield	State RI	City Smithfield	State RI Zip 02917
Secretary Name Kimberly Silvestri		Treasurer Name Carla O'Neill	
Street Address 204 Hanton Rd		Street Address 716 Brayton Rd	
City North Smithfield	State RI	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 <input type="checkbox"/>			
Director Name Howard O'Neill		Director Name Joanne Billington	
Street Address 716 Brayton Rd		Street Address 59 Branch Pike	
City Smithfield	State RI	City Smithfield	State RI Zip 02917
Director Name Joan Mowry		Director Name Richard Mowry Sr	
Street Address 403 Log Rd		Street Address 403 Log Rd	
City Smithfield	State RI	City Smithfield	State RI Zip 02917
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 Richard Mowry Sr		Date 6-17-19	
Signature of Officer/Authorized Representative Richard Mowry Sr.		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.ri.gov