



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000110665

**2. Name of Corporation** SMITHFIELD SENIOR CENTER

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 1 WILLIAM J. HAWKINS JR. TRAIL

City or Town: SMITHFIELD

State: RI Zip: 02828 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 1 WILLIAM J. HAWKINS JR. TRAIL

City or Town: SMITHFIELD State: RI Zip: 02828 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE ALL TYPES OF PROGRAMS, CARE, FACILITIES, EQUIPMENT, AND RECREATION FOR SENIOR CITIZENS AND THE ELDERLY AND TO OPERATE A SENIOR CENTER FOR THE IMPLEMENTATION OF ALL TYPES OF SENIOR PROGRAMS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	KAREN L ARMSTRONG	117 ARNOLD ST LINXOLN, RI 02865 USA
PRESIDENT	KAREN ARMSTRONG	117 ARNOLD ST LINCOLN, RI 02865 USA
TREASURER	RANDY R ROSSI	37 BEECHNUT DR JOHNSTON, RI 02919 USA
DIRECTOR	JOYCE A. DYER	720 PUTNAM PIKE #703 GREENVILLE, RI 02828
VICE PRESIDENT	KATHLEEN MCADAM-PRICKETT	94 WATERMAN AVE JOHNSTON, RI 02919 USA
DIRECTOR	KAREN L ARMSTRONG	117 ARNOLD ST LINCOLN, RI 00865 USA
DIRECTOR	RANDY R ROSSI	37 BEECHNUT DR JOHNSTON, RI 02919 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KAREN L ARMSTRONG 1 WILLIAM J. HAWKINS JR. TRAIL SMITHFIELD , RI 02828

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 26 Day of May, 2020 at 8:09:35 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By KAREN ARMSTRONG  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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