

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NON-PROFIT CO Filing Period: June 1 - Jun (FORM MUST BE TYPED OR PR	ic 30 • Filing I	ON ANNUAL R	REPORT FOR TH	IE YEAR	_2005
1. Gorporate II) No. 110665	2. Name of Corporation				_
3. State of Incorporation	SMITHFIELD SENIOR	CENTER Rhode Island - Street Addre		Tax	- Ta/-
RHODE ISLAND		am J. Hawkins		SMITHFIELD	02828
5. Foreign corporation. Enter pri	ncipal office address		City	State	Zip
TO OPERATE A SENIOR O 7. NAMES AND ADDRESSE Provident Same	OF PROGRAMS, CAR ENTER FOR THE IMI S OF THE OFFICER	RE, FACILITIES, EQUIIP PLEMENTATION OF AL	Island IMENT, AND RECREATION F L TYPES OF SENIOR PROG CHMENT)	RAMS.	
JANET M. Y	RAIRIC		MARIE GR	roccia	
SIDNEYS	<i>t</i> -		3 LOOKOUT	t st.	
SMITHFIELD	State R. I.	Zip 02917	SMITHFIELD	State R.1.	02828
Secretary Name JOYCE A.])YER		DENNIS G.	Finlay	
Sirow Address 20 Put	nam Pike	# 703	Sircei Address 51 JOHN N	nowry Rd.	
ORCENVILL B. NAMES AND ADDRESSE	State /. ES OF THE DIRECTO	DRS: ("X" BOX FOR ATT	ESMOND ACHMENT) FILL IN SPACE	State R. /. CES BEFORE USING ATTA	21p 02917 CHMENTS
THE NUMBER OF DIRECT	ORS OF A DOMEST	TIC (RHODE ISLAND)	CORPORATION SHALL N		
JANET M.	PRAIRIC		MARIE GRE	•	
SITE Address SIDNEY	St.		Sircei Address LOOKOU	x St.	
SMITHFIELD "	R. 1.	02917	SMITHFIELD	R.1.	02818
JOYCE A.D	YER		DENNIS FIN	lay	
SIRVER Address 720 PUTA	JAM Pike	#703	51 John Mi	OWRY RD	
CIP ORUNDILL 9. registered agent in	State R. /. RHODE ISLAND - 1	02888 DO NOT ALTER - Cha	Cly: ESMMD inges require filing of For		2φ 029/7 7-6-78
Agent Name			Address		
JANET M. PRAIRIE				. <u></u>	
Address			City	Zφ	
1 WILLIAM J. HAWKINS JR. T	RAIL		SMITHFIELD	. 028	28
This report must be	signed in ink by ci	ther the President, Vice	e President, Secretary, Assis	stant Secretary, Treasurer, I	Receiver or Trustee

	110665	
File Date	6-17-05	
Check No.	037504	
•		

FOR SECRETARY OF STATE USE ONLY

report, including any accompanying schedules and statements, and that all statements contained before true and correct.

Signature of Officer

Date

Print or Type Name of Officer

DIRECTOR

Under penalty of perjury, I declare and affirm that I have examined this

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222 3040

Matthew A. Brown, Secretary of State

			PORT FOR THE Y	EAR _	2	2004
Filing Period: June 1 - June (FORM MUST BE TYPED OR PRIC	•	e: \$ 20.00				
. Corporate II) No 110665	2. Name of Corporation SMITHFIELD SENIOR C	ENTER				
3. State of Incorporation RHODE ISLAND	ONE WILLIA	hode Island - Street Address M J. HAWKINS	JR. TRAIL	City SMITHF		zip 02828
5. Foreign corporation. Enter princ	cipal office address		City	State	,	Etp.
TO OPERATE A SENIOR O	OF PROGRAMS, CAR ENTER FOR THE IMP	E, FACILITIES, EQUIIPN LEMENTATION OF ALL	IENT, AND RECREATION FOR TYPES OF SENIOR PROGRAMMENT)	AS.		
President Name			Vice President Name			
MARILYN F. HELLI Street Address 65 LANTERN LANE	C K		MARIE GROCCIA Sircel Address 3 LOOKOUT STRE	<u></u> Е т		
City NORTH KINGSTOWN	State R I	02852	SMITHFIEID	State R I	Ž	02828
Secretary Name EDWARD W. WOJCIK			Treasurer Name DENNIS G. FINLAY			
Street Address 7 CHURCH STREET, APT. C202			Street Address 51 JOHN MOWRY ROAD			
GREENVILLE	State R I	<i>Ζίφ</i> 02828	ESMOND	State R I		^{Zip} 02917
			hment) Fill in spaces b Orporation <u>shall not</u> f			
Orocior Name MARILYN F. HELLI	ER		Director Name MARIE GROCCIA			
Sincel Address 65 LANTERN LANE			3 LOOKOUT STREET			
NORTH KINGSTOWN	State RI	02852	SMITHFIELD	State R I		^{Zip} 02828
Director Name EDWARD W. WOJCIK			DENNIS G. FINLAY			
Sinver Address 7 CHURCH STREET, APT. C202			Street Address 51 JOHN MOWRY ROAD			
GREENVILLE	State RI	^{Ζιρ} 02828	ESMOND	State R I		^{Zip} 02917
9. REGISTERED AGENT IN Agent Name LEON A. DRURY, III	RHODE ISLAND - DO	O NOT ALTER - Chang	es réquire filing of Form 6	41 - R.I.G.L.	7-6-13 / 7-6	i·78 <u>.</u>
<i>address</i> 1 WILLIAM J. HAWKINS JR. T	RAIL		Cny SMN'HFIELD		<i>Zip</i> 02820-	
This report must be	signed in ink by cith	er the President, Vice P	resident, Secretary, Assistant S	Secretary, Tre	asurer, Rece	eiver or Trustee

	* 1 1 0 6 6	-5 , 7*01 € 599
File Date _	FILED	201 € 2011 - 10±21 15±11
Check No	LE 4002 8 0 AUA	1975 - 19
Ву:	By M40304G	340
F	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Signature of Officer

Date

MARILYN F. HELLER

Print or Type Name of Officer

EXECUTIVE DIRECTOR

Title of Officer



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

"***** NAN DDAEIDA			DEDODE FOR T		2003	
			REPORT FOR T	HE YEAR	2003	
Filing Period: Junc I + , FORM MUST BE TYPED OR ,						
1. Corporate 1D No.	2. Name of Corpore	**************************************				
110665	SMITHFIELD SEN					
3. State of Incorporation		ss in Rhode Işland - Street Ad	dress i	City 2011	Zip	
RHODE ISLAND	1 Willia	m V. Hawkies Jr	Trail	Smithfield		
5. Foreign corporation. Enter p	rincipal office address		City:	State	Zip	
				RI	02828	
6. Brief Description of the chara TO PROVIDE ALL TYPE	S OF PROGRAMS,	CARE, FACILITIES, EQUI	IPMENT, AND RECREATION F	FOR SENIOR CITIZENS AN	ID THE ELDERLY AND	
			ALL TYPES OF SENIOR PROG			
7. NAMES AND ADDRESS! President Name /	ES OF THE OFFICE	ERS ("X" BOX FOR ATTA		ES BEFORE USING ATTA	ACHMENTS	
Lean A	DRURY I	¥	Vice President Name	ejeik		
Street Address	ille El		Street Address 7 Churc	h have pot c	-202_	
Green will	State RI	02828	Green vitle	State	2ip 62828	
Secretary Name Marie Gi	OCCIA		Treasurer Name Dennis Fiel	lay		
Sireei Address 3 Look	out Street	-	Street Address	Mowry Rd		
Ciry breen ville	State RT	Zip 0287-8	Sin Palelol	Side RI	12ip 02917	
		TORS ("X" BOX FOR ATTA	ACHMENT) FILL IN THE :		ATTACHMENTS	
Director Name		······································	Director Name	<u> </u>		
Leon A	DRUPY THE	,	Ed levice	le		
Street Address	les. 16 21		Street Address	Lave APT C-20	<u></u>	
City	State	Zip	City	State	Zip	
breens. Mc	KI	62828 .	breensille	MI	62828	
Director Name Marie	poceia		Director Name Den n's Fi	alas		
Sireei Address 3 Locke	I Street		Simel Address	Mowey Road		
City Green ville.	State	Zip 07828	City Sn / R full	Skile RI	Zip 07917	
9. REGISTERED AGENT I	N RHODE ISLAND	- DO NOT ALTER - Char	nges require filling of Form 6	641 - R.I.G.L. 7-6-13 / 7-6-	78	
Agent Name			Address			
LEON A. DRURY, III			į			
Address	···		City	Zip		
1 WILLIAM J. HAWKINS JR. TRAIL			SMITHFIELD	0	02828-	
		the President, Vice Pr	esident, Secretary, Assista			



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

			·
Corporate ID Nu	ımber <u>DNP-110665</u>		Annual Report for the year 2002
1. The name o	f the corporation is <u>SM</u>	ITHFIELD SENIOR CENTER	<u> </u>
2. The state or	other jurisdiction under	the laws of which it is incorpo	orated is RHODE ISLAND
3. The address 02828-	s of the registered office	of the corporation in this sta	te is 1991-ISA ANN CIRCLE SMITHFIELD, RI
and the nan	ne of its registered agen	t in this state at that address	is LEON A. DRURY, III
4. The charact	er of the affairs which it	is actually conducting in Rho	de Island, briefly stated, is Provides All Types of
	corporation, the address		tate or other jurisdiction under the laws of which it is
6. Corporate a	ddress in Rhode Island	1 William J. Hawkix	
		Smithfield RI O	2828
7. Names and number of d	addresses of its director directors of a domestic (f	rs and officers: (In complian Rhode Island) corporation sh	ce with 7-6-23 of the R.I.G.L. 1956, as amended, the all not be less than three (3).)
NAME	OFFIC	E	ADDRESS
Leon A. De	PURY TY Directo		
TINA Mch	Directo	1 4 B Shadow B	rock have Smithfull Ky 02917
Norman D			
Leon A. DR.			A Green ville RI 02528
Ed Wojcik		esident 7 Church La	
MARIE Groc		7 702 - 2001 3	
Dennis Fin	C/ay Treasu	rer 51 Juha Mon	vry Road Britisheld 0-2917
Dated: 6	/10/02-	report, including any	ury, I declare and affirm that I have examined this accompanying schedules and statements, and that ned herein are true and correct.
	Y OF STATE USE ONLY		Exact Name of Corporation
File Date:		By	A. Nuy 7
		Title(Report must be signed by an officer)
Check No.:	JUN 1 2 2002	L.	Form No. 631
Ву: —	STO TAMES OF THE	836	Revised 5/98

Filing Fee: \$20,00

To be filed annually during the month of June

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number <u>DNI</u>	P-110665	Annual Report for the year_2001
1. The name of the corpor	ation is <u>SMITHFIEL</u>	D SENIOR CENTER
2. The state or other jurisc	diction under the laws	of which it is incorporated is RHODE ISLAND
3. The address of the reg	istered office of the c	orporation in this state is 100 LISA ANN CIRCLE SMITHFIELD, RI
and the name of its reg	gistered agent in this	state at that address is LEON A. DRURY, III
I. The character of the af	fairs which it is actual	lly conducting in Rhode Island, briefly stated, is Find Russing
For expansion of the	Saio- Center am	fonding for Senior programs & quipmet.
		incipal office in the state or other jurisdiction under the laws of which it is
	Ihode Island	100 hisa Ann Circles Smithful RT 02528
·		
		fficers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the land) corporation shall not be less than three (3).) ADDRESS
Ann Pagiarini	Director	60 Smith Street
Al Groccia	Director	
Louise Pastil	le Director	3 Lookout Street
Leon Drury	President	3 FShadow Brook Lane
Alfred Turgoer	Vice-President	85 Mapleville Road 8 Village Dr.
Marie Groccia	Secretary	3 Lookout Street
Dennis Finlay	Treasurer	
.//.		51 John Mowry Road
Dated: (c/14/0/	·	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 the and correct.
		Smithfield serior Center tac.
* 1 1 0 6 6	[Exact Name of Corporation
FOR SECRETARY OF STATE I	USE ONLY	By Thul Vaury my
le Date: 6-2	8-01	Title Brendert
neck No.:	8	(Report must be signed by an officer)
v: Q.		Form No. 631 Revised 5/98