



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 CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 110665		2. Name of Corporation SMITHFIELD SENIOR CENTER			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address ONE WILLIAM J. HAWKINS JR. TRAIL		City SMITHFIELD	Zip 02828
5. Foreign corporation. Enter principal office address				City	State
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JANET M. PRAIRIE			Vice President Name MARIE GROCCIA		
Street Address 17 SIDNEY ST.			Street Address 3 LOOKOUT ST.		
City SMITHFIELD	State R.I.	Zip 02917	City SMITHFIELD	State R.I.	Zip 02828
Secretary Name JOYCE A. DYER			Treasurer Name DENNIS G. FINLAY		
Street Address 720 PUTNAM PIKE #703			Street Address 51 JOHN MOWRY RD.		
City GREENVILLE	State R.I.	Zip 02828	City ESMOND	State R.I.	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name JANET M. PRAIRIE			Director Name MARIE GROCCIA		
Street Address 17 SIDNEY ST.			Street Address 3 LOOKOUT ST.		
City SMITHFIELD	State R.I.	Zip 02917	City SMITHFIELD	State R.I.	Zip 02828
Director Name JOYCE A. DYER			Director Name DENNIS FINLAY		
Street Address 720 PUTNAM PIKE #703			Street Address 51 JOHN MOWRY RD.		
City GREENVILLE	State R.I.	Zip 02828	City ESMOND	State R.I.	Zip 02917
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name JANET M. PRAIRIE			Address		
Address 1 WILLIAM J. HAWKINS JR. TRAIL			City SMITHFIELD	Zip 02828	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



110665

File Date 6-17-05
Check No. 037505
By: [Signature]

FOR 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 statements contained herein are true and correct.

Signature of Officer

Date

JANET M. PRAIRIE

Print or Type Name of Officer

DIRECTOR

Title of Officer



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

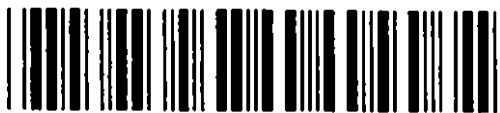
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address ONE WILLIAM J. HAWKINS JR. TRAIL		City SMITHFIELD	Zip 02828
5. Foreign corporation. Enter principal office address		City		State	Zip
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARILYN F. HELLER			Vice President Name MARIE GROCCIA		
Street Address 65 LANTERN LANE			Street Address 3 LOOKOUT STREET		
City NORTH KINGSTOWN	State RI	Zip 02852	City SMITHFIELD	State RI	Zip 02828
Secretary Name EDWARD W. WOJCIK			Treasurer Name DENNIS G. FINLAY		
Street Address 7 CHURCH STREET, APT. C202			Street Address 51 JOHN MOWRY ROAD		
City GREENVILLE	State RI	Zip 02828	City ESMOND	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name MARILYN F. HELLER			Director Name MARIE GROCCIA		
Street Address 65 LANTERN LANE			Street Address 3 LOOKOUT STREET		
City NORTH KINGSTOWN	State RI	Zip 02852	City SMITHFIELD	State RI	Zip 02828
Director Name EDWARD W. WOJCIK			Director Name DENNIS G. FINLAY		
Street Address 7 CHURCH STREET, APT. C202			Street Address 51 JOHN MOWRY ROAD		
City GREENVILLE	State RI	Zip 02828	City ESMOND	State RI	Zip 02917
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name LEON A. DRURY, III			Address		
Address 1 WILLIAM J. HAWKINS JR. TRAIL			City SMITHFIELD	Zip 02828	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 6 6 5 1301 E 399

File Date	FILED
Check No.	AUG 03 2004
By:	By M40304 GAB
FOR 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 statements contained herein are true and correct.

Marilyn F. Heller
Signature of Officer
MARILYN F. HELLER
Print or Type Name of Officer
EXECUTIVE DIRECTOR
Title of Officer

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR


Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

2003

1. Corporate ID No. 110665		2. Name of Corporation SMITHFIELD SENIOR CENTER	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 1 William J. Hawkins Jr Trail	
		City Smithfield	Zip
5. Foreign corporation. Enter principal office address		City	State RI
			Zip 02828
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Leon A. Drury III		Vice President Name Ed Wojcik	
Street Address 85 Mapleville Rd		Street Address 7 Church Lane apt C-202	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Secretary Name Marie Groccia		Treasurer Name Dennis Finlay	
Street Address 3 Lockout Street		Street Address 51 John Mowry Rd	
City Greenville	State RI	City Smithfield	State RI
Zip 02828		Zip 02917	
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Leon A. Drury III		Director Name Ed Wojcik	
Street Address 85 Mapleville Rd		Street Address 7 Church Lane apt C-202	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Director Name Marie Groccia		Director Name Dennis Finlay	
Street Address 3 Lockout Street		Street Address 51 John Mowry Road	
City Greenville	State RI	City Smithfield	State RI
Zip 02828		Zip 02917	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name LEON A. DRURY, III		Address	
Address 1 WILLIAM J. HAWKINS JR. TRAIL		City SMITHFIELD	Zip 02828

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 0 6 6 5 *

File Date 6-6-03

Check No. 28474

By [Signature]

FOR 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 statements contained herein are true and correct.

[Signature]

Signature of Officer

Leon A. Drury III

Print or Type Name of Officer

Director

Title of Officer

6/2/03

Date

Filing Fee: \$20.00

To be filed annually during
the month of June



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 DNP-110665

Annual Report for the year 2002

- The name of the corporation is SMITHFIELD SENIOR CENTER
- The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
- The address of the registered office of the corporation in this state is 100 LISA ANN CIRCLE SMITHFIELD, RI 02828
and the name of its registered agent in this state at that address is LEON A. DRURY, III
- The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Provides all types of programs, care, facilities, equipment and recreation for senior citizens
- If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
- Corporate address in Rhode Island 1 William J. Hawkins Jr. Trail
Smithfield, RI 02828
- Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME	OFFICE	ADDRESS
<u>Leon A. Drury III</u>	Director	<u>85 Mapleville Rd Greenville RI 02828</u>
<u>Tina McNeil</u>	Director	<u>43 Shadow Brook Lane Smithfield RI 02817</u>
<u>Norman Desrosier</u>	Director	<u>15 Lakeside Dr. Smithfield RI 02817</u>
<u>Leon A. Drury III</u>	President	<u>85 Mapleville Rd Greenville RI 02828</u>
<u>Ed Wojcik</u>	Vice-President	<u>7 Church Lane apt C-202 Greenville 02828</u>
<u>Marie Grocjan</u>	Secretary	<u>3 Lockout Street Greenville 02828</u>
<u>Dennis Finlay</u>	Treasurer	<u>51 John Mowry Road Smithfield 02817</u>

Dated: 6/10/02

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.

Smithfield Senior Center

Exact Name of Corporation

By

Title

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date: FILED

Check No.: JUN 12 2002

By: By [Signature]

084836

Form No. 631
Revised 5/98

Filing Fee: \$20.00

To be filed annually during
the month of June



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 DNP-110665

Annual Report for the year 2001

1. The name of the corporation is SMITHFIELD SENIOR CENTER
2. The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
3. The address of the registered office of the corporation in this state is 100 LISA ANN CIRCLE SMITHFIELD, RI 02828-
and the name of its registered agent in this state at that address is LEON A. DRURY, III
4. The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Fund Raising for expansion of the Senior Center and funding for Senior programs & equipment
5. If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
6. Corporate address in Rhode Island 100 Lisa Ann Circle Smithfield RI 02828
7. Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME	OFFICE	ADDRESS
Ann Pagiarini	Director	60 Smith Street
Al Groccia	Director	3 Lookout Street
Louise Pastille	Director	3 Shadow Brook Lane
Leon Drury	President	85 Mapleville Road
Alfred Turgoen	Vice-President	8 Village Dr.
Marie Groccia	Secretary	3 Lookout Street
Dennis Finlay	Treasurer	51 John Mowry Road

Dated: 6/14/01

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.

Smithfield Senior Center Inc.

Exact Name of Corporation

By Paul Drury

Title President

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date: 6-28-01

Check No.: 1008

By: De

Form No. 631
Revised 5/98