



State of Rhode Island

Department of State - Business Services Division

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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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STAMP

1. Entity ID Number 000122922		2. Exact name of the Corporation Holy Ghost Society of North Smithfield	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Organization to assist people who are encountering difficulty financial or health issues.	
4. NAICS Code 813110			
6. Principal Office Address 50 Dorman Avenue		City North Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Irene Diaz		Vice-President Name	
Street Address 50 Dorman Avenue		Street Address	
City North Providence	State RI	City	State
Zip 02904		Zip	
Secretary Name TRINA Lavoie		Treasurer Name Irene Diaz	
Street Address 130 Elder Ballou Road		Street Address 50 Dorman Avenue	
City Woonsocket	State RI	City North Providence	State RI
Zip 02895		Zip 02904	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Robert Boscoe		Director Name Steven Manning	
Street Address 142 School Street		Street Address 51 Main Street	
City North Smithfield	State RI	City Stoughtonville	State RI
Zip 02896		Zip 02876	
Director Name John Pacheco		Director Name	
Street Address 257 Perrin Avenue		Street Address	
City Pawtucket	State RI	City	State
Zip 02861		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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 Irene Diaz			Date 11/27/20
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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