State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2018
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.

1. Entity ID Number	2. Exact name of the Corporation
000122922	Holy Ghost Society of North Smithfield
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Orgnazation to Assist People who are encountering Difficulty with financial or health Issues.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
50 Doeman Avenue	North Providence	RI	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 Doeman Avenue			Street Address:		
City: North Providence	State: RI	Zip: 02904	City:	State:	Zip:
Secretary Name: Trina Lavoie			Treasurer Name: Irene Diaz		
Street Address: 130 Elder Ballou Road			Street Address: 50 Doeman Avenue		
City: Woonsocket	State: RI	Zip: 02895	City: North Providence	State: RI	Zip: 02404

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 Bosco			Director Name: Steven Manning		
Street Address: 14C School Street			Street Address: 51 Main Street		
City: North Smith field	State: RI	Zip: 02896	City: Slatersville	State: RI	Zip: 02876
Director Name: John Pacheco			Director Name:		
Street Address: 257 Perrin Avenue			Street Address:		
City: Pawtucket	State: RI	Zip: 02861	City:	State:	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	Date
Irene Diaz	11/27/20

Signature of Officer/Authorized Representative

FILED
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BY 10:43

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

FORM 631 - Revised: 08/2020