RI SOS Filing Number: 202197885240 Date: 6/4/2021 4:00:00 PM

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State of Rhode Island 1

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.

			-		
Entity ID Number	2. Exact name of the Corporation				
113032	SMITHFIELD Veterans MEMONIAL CONMITTEE				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Khode Island	To design, erectand Maintaine a Monument				
4. NAICS Code	recognizingall veterance of Smith Field.				
813319					
6. Principal Office Address		City	State	Zip	
ONE William J. Hawkins, Jr. Trail		Greenville	R.I	02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Charles F. Walsh		Vice-President Name Allan Mc Kenney			
Stront Address	Ly Wine court	Street Address 64 Ledar Swamp Road			
City Wake Field	State Zip 02879	Cny Smith Field	State R. I.	D2917	
Secretary Name Peter Lawrence		Treasurer Name David J. Govdrego			
Street Address 12 High View Drive		Street Address 16 Baldwin Drive			
City Sitisth Field	State R. I., Zip 02917	CHY Green Ville	Canala	Z1002828	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name David J. Foudreau		Director Name Lawrence J. 54550 JV.			
Street Address 16 Baldwin Drive		Street Address 145 Mann School Road			
City Greenville		City Smith Field		Zip 02917	
Director Name	wrence	Director Name			
Street Address 12 High VI	Street Address				
City Smith Field	State R. I. Zip 2917	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		
David J. Govdreau			JUNE 1,	2021	
Signature of Officer/Authorized Representative					
you ground					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov