



State of Rhode Island
Department of State - Business Services Division

FILED

JUN 04 2021

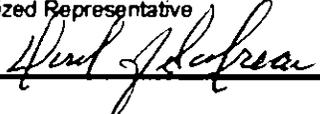
02

Annual Report for the year:
Non-Profit Corporation

2021

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

97- 1340

1. Entity ID Number 113032		2. Exact name of the Corporation Smithfield Veterans Memorial Committee	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To design, erect and maintain a MONUMENT recognizing all veterans of Smithfield.	
4. NAICS Code 813319			
6. Principal Office Address One William J. Hawkins, Jr. Trail		City Greenville	State R.I.
		Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Charles F. Walsh		Vice-President Name Allan McKenney	
Street Address 109 Brandy Wine Court		Street Address 64 Cedar Swamp Road	
City Wakefield	State R.I.	City Smithfield	State R.I.
Zip 02879		Zip 02917	
Secretary Name Peter Lawrence		Treasurer Name David J. Goudreau	
Street Address 12 High View Drive		Street Address 16 Baldwin Drive	
City Smithfield	State R.I.	City Greenville	State R.I.
Zip 02917		Zip 02828	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name David J. Goudreau		Director Name Lawrence J. Sasso Jr.	
Street Address 16 Baldwin Drive		Street Address 145 Mann School Road	
City Greenville	State R.I.	City Smithfield	State R.I.
Zip 02828		Zip 02917	
Director Name Peter Lawrence		Director Name	
Street Address 12 High View Drive		Street Address	
City Smithfield	State R.I.	City	State
Zip 02917		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative David J. Goudreau			Date June 1, 2021
Signature of Officer/Authorized Representative 			

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