



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000095303

2. Name of Corporation THE RHODE ISLAND IRISH FAMINE MEMORIAL COMMITTEE

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



712110

4. Principal Office Address

No. and Street: 50 PARK ROW WEST, APT. 417

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EDUCATIONAL, CHARITABLE AND COMMEMORATIVE PURPOSES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DONALD D. DEIGNAN	50 PARK ROW WEST PROVIDENCE, RI 02903 USA
TREASURER	KATHERINE GREENWELL	10 CHASE STREET WARWICK, RI 02886 USA
SECRETARY	CLARE BARRETT	61 ARDMORE AVENUE PROVIDENCE, RI 02908 USA
VICE PRESIDENT	JAMES M CROWSHAW	89 SHELDON STREET CRANSTON, RI 02905 USA
DIRECTOR	MICHAEL DORAN	91 ROCKCREST DRIVE CRANSTON, RI 02920 USA
DIRECTOR	KATHLEEN P. LEONARD	50 PARK ROW WEST, APT. 417 PROVIDENCE, RI 02903 USA
DIRECTOR	SCOTT MOLLOY	134 WHISPERING PINES WAY EXETER, RI 02822 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DONALD D. DEIGNAN 50 PARK ROW WEST, APT 417 PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 25 Day of June, 2021 at 12:51:52 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DONALD D. DEIGNAN
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved