



**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: February 1 - May 1

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: 2023

1. Corporate ID No. 001712454

2. Name of Corporation Smithfield Recreation & Social Services Association

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

624110

4. Principal Office Address

No. and Street: 64 FARNUM PIKE

City or Town: SMITHFIELD State: RI Zip: 02917 Country: USA

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

THE ASSOCIATION IS ESTABLISHED WITHIN THE MEANING OF IRS PUBLICATION 557 SECTION 501(C)(3) ORGANIZATION OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) OR THE CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE AND SHALL BE OPERATED EXCLUSIVELY FOR SOLICITATION OF DONATIONS AND GRANTS FOR WHICH THE PROCEEDS WILL BE USED TO PROVIDE AND SUPPORT RECREATION ACTIVITIES AND SOCIAL SERVICES IN THE TOWN OF SMITHFIELD, RHODE ISLAND. SPECIFICALLY THE FUNDS RAISED WILL BE USED FOR THE PURPOSES OF ENHANCING RECREATION AND SOCIAL SERVICES

ACTIVITIES, PROGRAMS, EQUIPMENT, AND ALL OTHER MATTERS RELATED TO IMPROVING THE QUALITY OF LIFE OF THE RESIDENTS OF THE TOWN OF SMITHFIELD, RHODE ISLAND.

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
DIRECTOR	RANDY R, ROSSI	64 FARNUM PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	KAREN ARMSTRONG	64 FARNUM PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	ROBERT CAINE	64 FARNUM PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	PAUL MCGINN	64 FARNUM PIKE SMITHFIELD, RI 02917 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

ROBERT J. CIVETTI 64 FARNUM PIKE SMITHFIELD , RI 02917

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

Signed this 2 Day of March, 2023 at 10:26:37 AM 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 RANDY R ROSSI
Signature of Authorized Person

Form No. 631
Revised 09/07

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