



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JUN 13 2023

BY 10716-1077

OS

1. Entity ID Number 148797		2. Exact name of the Corporation The Shannock Memorial Hall Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Receipt, holding and investment of contributed funds and the expenditure thereof for charitable, benevolent, educational, civic and recreational purposes.			
4. NAICS Code 813219 - Other Grantmaking and					
6. Principal Office Address 4000 South County Trail			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank S. Angell			Vice-President Name None		
Street Address 4000 South County Trail			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Secretary Name Sanford Neuschatz			Treasurer Name Sanford Neuschatz		
Street Address 232 Shannock Hill Road			Street Address 232 Shannock Hill Road		
City Shannock	State RI	Zip 02875	City Shannock	State RI	Zip 02875
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 Frank S. Angell			Director Name Sanford Neuschatz		
Street Address 4000 South County Trail			Street Address 232 Shannock Hill Road		
City Charlestown	State RI	Zip 02813	City Shannock	State RI	Zip 02875
Director Name Melanie White			Director Name None		
Street Address Shannock Village Road			Street Address		
City Charlestown	State RI	Zip 02813	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 Frank S. Angell				Date 4/6/23, 2023	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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