



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Non-Profit Corporation

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BUS SVCS DIV

2023 OCT 10 A 8:37

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000122922</u>		2. Exact name of the Corporation <u>Holy Ghost Society of North Smithfield</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Festival to raise funds for family who need assistance with loss or sick to help pay bills.</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>50 Dorman Avenue</u>		City <u>North Providence</u>	State <u>RI</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Irene Diaz</u>		Vice-President Name <u>Trina Lavoie</u>	
Street Address <u>50 Dorman Avenue</u>		Street Address <u>130 Elder Ballot Road</u>	
City <u>North Providence</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02895</u>	
Secretary Name <u>Trina Lavoie</u>		Treasurer Name <u>Irene Diaz</u>	
Street Address <u>130 Elder Ballot Road</u>		Street Address <u>50 Dorman Avenue</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02904</u>	
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 <u>Steven Manning</u>		Director Name <u>John Pacheco</u>	
Street Address <u>51 Main Street</u>		Street Address <u>289 Northup Street</u>	
City <u>Slater'sville</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02876</u>		Zip <u>02889</u>	
Director Name <u>Bobby Bascoe</u>		Director Name	
Street Address <u>60 School Street</u>		Street Address	
City <u>Slater'sville</u>	State <u>RI</u>	City	State
Zip <u>02876</u>		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 <u>Irene Diaz</u>			Date <u>10/4/23</u>
Signature of Officer/Authorized Representative 			

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

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OCT 10 2023
BY 3WD66