



**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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number 000122922		2. Exact name of the Corporation The Holy Ghost Society of North Smithfield	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Festival to Raise funds for family that needs Assistance with loss of or sick. Help Paying Bills.	
4. NAICS Code 813110			
6. Principal Office Address 50 Dorman Avenue		City North Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Irene Diaz		Vice-President Name Trina Lavoie	
Street Address 50 Dorman Avenue		Street Address 130 Edler Ballot Road	
City North Providence	State RI	City Woonsocket	State RI
Zip 02904		Zip 02895	
Secretary Name TRINA Lavoie		Treasurer Name Irene Diaz	
Street Address 130 Edler Ballot Road		Street Address	
City Woonsocket	State RI	City	State
Zip 02895		Zip	
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 Steven manning		Director Name John Pacheco	
Street Address 51 Main Street		Street Address 289 Northrup Street	
City Slater'sville	State RI	City warwick	State RI
Zip 02876		Zip 02889	
Director Name Bobby BOSCOE		Director Name	
Street Address 60 School Street		Street Address	
City Slater'sville	State RI	City	State
Zip 02876		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 Irene Diaz		<div style="text-align: center;"> FILED </div>	Date 10/4/23
Signature of Officer/Authorized Representative 		OCT 10 2023 BY 3WD66	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040