



**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 - ENTER THE CURRENT YEAR 2024: 2024

1. Corporate ID No. 001705850

2. Name of Corporation Smithfield Department of Human Services, Inc.

3. State of Incorporation

State: RI

NAICS CODE

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

624210

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 SMITHFIELD DEPARTMENT OF HUMAN SERVICES, INC. PRIMARY FUNCTION IS TO PROVIDE ASSISTANCE TO LOW INCOME ELIGIBLE RESIDENTS IN THE FORMS OF SOLICITING SUPPORT FOR WELFARE PROGRAMS FROM THE PRIVATE SECTOR; COLLABORATING AND NEGOTIATING WITH OTHER SOCIAL SERVICE AGENCIES TO COORDINATE EFFORTS FOR LOW INCOME, ELIGIBLE RESIDENTS; AND TO DISPLAY A POSITIVE IMAGE TO THE PUBLIC OF HUMAN SERVICE GOALS OF PROVIDING THE BEST POSSIBLE SERVICES TO THE COMMUNITY.

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	PAUL MCGINN	75 WARNER LANE PASCOAG, RI 02859 USA
DIRECTOR	ROBERT CAINE	19 ANGELL RD. CHEPACHET, RI 02814 USA
DIRECTOR	RANDY R ROSSI	64 FARNUM PIKE SMITHFIELD, RI 02917 USA
DIRECTOR	SCARLETT CARREIRO	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

ANTHONY M. GALLONE 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 31 Day of January, 2024 at 8:00:58 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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