



**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.** 001707243

**2. Name of Corporation** North Smithfield Education Foundation

**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

611110

**4. Principal Office Address**

No. and Street: 1850 PROVIDENCE PIKE

ROOM 137, NORTH SMITHFIELD MIDDLE

SCHOOL

City or Town: NORTH SMITHFIELD

State: RI Zip: 02896 Country: US

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

TO RECEIVE AND DISTRIBUTE FUNDS FOR EDUCATIONAL ACTIVITIES, TO  
ENCOURAGE

AND REWARD ACADEMIC EXCELLENCE AND THE DEVELOPMENT OF GOOD  
CHARACTER BY

INITIALLY PROVIDING SCHOLARSHIPS AND OTHER EDUCATIONAL SUPPORT  
PROGRAMS

THAT SIGNIFICANTLY CONTRIBUTE TO THE EDUCATION OF STUDENTS WITHIN THE NORTH SMITHFIELD PUBLIC SCHOOLS. SCHOLARSHIP ENDOWMENTS, ESTABLISHED BY ORGANIZATIONS OR INDIVIDUAL DONORS, ARE CREATED TO PROVIDE ENCOURAGEMENT AND FINANCIAL SUPPORT TO GRADUATES WHO SEEK TO PURSUE VARIOUS EDUCATIONAL GOALS AT TRADE, TECHINICAL OR POST-SECONDARY PROGRAMS OR INSTITUTIONS.

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	MICHAEL BRADLEY	8 BARNSTABLE ROAD NEWTON, MA 02465 USA
DIRECTOR	JOHN BEAUREGARD	1850 PROVIDENCE PIKE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	JAMES J LOMBARDI III CPA	1850 PROVIDENCE PIKE NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	STEVEN LYNCH	1850 PROVIDENCE PKE NORTH SMITHFIELD, RI 02865 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

BENJAMIN M. SCUNGIO, ESQ. 362 BROADWAY PROVIDENCE , RI 02909

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

Signed this 30 Day of June, 2024 at 3:23:53 PM 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 LORI A. MILLER  
Signature of Authorized Person

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