RI SOS Filing Number: 202563902180 Date: 2/3/2025 12:29:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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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1. Entity ID Number	2. Exact name of the Corporation
000153013	THE SMITHFIELD PRESERVATION SOCIETY
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO CONDUCT & ASSIST IN PRESERVATION & RESTORATION OF HISTORIC BUILDINGS & STRUCTURES WITHIN SMITHFIELD, RI.
4. NAICS Code: 712120	

6. Principal Office Address	City	State	Zip
7 JOHN MOWRY ROAD	SMITHFIELD	RI	02917

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: KATIE LAW			Vice-President Name: JEANNE M VERITY		
Street Address: 14 THORTON AVENUE			Street Address: 10 FAIRMOUNT STREET		
City: SMITHFIELD	State: RI	Zip: 02917	City: SMITHFIELD	State: RI	Zip: 02917
Secretary Name: N/A			Treasurer Name: JEFFREY S BOOKER		
Street Address:			Street Address: 30 WEST GREENVILLE ROAD		
City:	State:	Zip:	City: GREENVILLE	State: RI	Zip: 02828

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: ROBERT LEACH			Director Name: PATRICK MEENAN		
Street Address: 147 AUSTIN AVENUE GREENVILLE, RI			Street Address: 20 WILLOW ROAD		
City: GREENVILLE	State: RI	Zip: 02828	City: GREENVILLE	State: RI	Zip: 02828
Director Name: JOHN EMIN JR			Director Name: MICHAEL J FLYNN		
Street Address: 7 JOHN MOWRY ROAD			Street Address: 3 HAWTHORNE DRIVE		
City: SMITHFIELD	State: RI	Zip: 02917	City: GREENVILLE	State: RI	Zip: 02828

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	Date
JEFFREY S BOOKER, TREASURER	12/30/2024

Signature of Officer/Authorized Representative: Jeffrey S Booker

FILED 12:29
FEB 03 2025
BY DLND

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

CBN

FORM 631 - Revised: 11/2021