



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

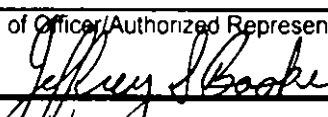
Non-Profit Corporation

→ 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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CORPORATE
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1. Entity ID Number 000153013		2. Exact name of the Corporation 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 312120					
6. Principal Office Address 7 JOHN MOWRY ROAD			City SMITHFIELD	State RI	Zip 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.					
<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 JEFFREY S BOOKER, TREASURER				Date 12/30/2024	
Signature of Officer/Authorized Representative 					

FILED 12:29

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



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