

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual accordance with R.I.G.L. 7-1.2-1501(e).

subject to a penalty fee of \$2	25.00.	oration failing or refusing to file its and	mai report within thirty (50) a	ays after the time prescribed by a	.w (K.I.G.L. /-1,2-1501(coa)) i	
1. Corporate ID No. 12131	2. Name of Con George W.	2. Name of Corporation George W. Smith & Son, Inc.				
3. Street Address Principal Business Office 133 Tidewater Street			City Pawtucket	State RI	^{Zip} 02862	
4. Business Phone No. 5. State of Incorporation (401) 725-1207 Rhode Island						
6. Brief Description of the G	Character of Business Condu	cted in Rhode Island				
7. NAMES AND ADD	RESSES OF THE OFF	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Gregory W. Smith			Stephen R. Smith			
Street Address 2 Kirkbrae Drive			Street Address 2 Kirkbrae Drive			
City Lincoln	State RI	^{2ip} 02865	City Lincoln	State RI	^{Zip} 02865	
Secretary Name Stacey Lee Tramonti			Treasurer Name Nancy Lee Smith			
Street Address 2 Kirkbrae Drive			Street Address 2 Kirkbrae Drive			
Cuy Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865	
8. NAMES AND ADD	RESSES OF THE DIRE	ECTORS: ("X" BOX FOR AT	<i>TACHMENT)</i> FILL I	N SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Gregory W. Smith			Stephen R. Smith			
Street Address			Street Address			
2 Kirkbrae Drive			2 Kirkbrae Drive			
City	State	Zip	City	State	Zip	
Lincoln	RI	02865	Lincoln	RI	02555	
Director Name Stacey Lee Tramonti			Director Name Nancy Lee Smith			
Street Address 2 Kirkbrae Drive			Street Address 2 Kirkbrae Drive			
City Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865	
9. SHARES AUTHORI	IZED	'		O ("X" BOX FOR ATTACA ECTION MUST BE COMPLETED	_	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par Value	
msu action succe.			-			
This report must be ex	xecuted on behalf of the	ne corporation by an authorize	ed representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,	
		HLE				
		JAN 0 9		perjury, I declare and affirm companying schedules and st		
		W. CL 1871	contained herein	are true and correct.	arements, and that an statem	
File Date		- 1011.	- Jugo	W Amil	12/15/12	
Check No.			Signature U. Gregory W.	Smith	Date	

Print or Type Name President

Title