



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>87707</b>		2. Exact name of the Corporation <b>THE ROSSINI &amp; SMITH COMPANIES, INC.</b>			
3. Principal office address <b>P.O. BOX 782</b>		City <b>NORTH KINGSTOWN</b>		State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>401-353-0818</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To acquire, develop, sell, lease or otherwise deal in real estate.</b>					
<b>MUST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>TIMOTHY M. SMITH</b>			Vice-President Name <b>RALPH ROSSINI</b>		
Street Address <b>21 ATTLEBORO AVENUE</b>			Street Address <b>22 BARNSTABLE ROAD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>NORFOLK</b>	State <b>MA</b>	Zip <b>02056</b>
Secretary Name <b>RALPH ROSSINI</b>			Treasurer Name <b>TIMOTHY M. SMITH</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>TIMOTHY M. SMITH</b>			Director Name <b>RALPH ROSSINI</b>		
Street Address <b>21 ATTLEBORO AVENUE</b>			Street Address <b>22 BARNSTABLE ROAD</b>		
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>NORFOLK</b>	State <b>MA</b>	Zip <b>02056</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY

**FILED**

**JAN 30 2015**

**16781**

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.

Signature of Authorized Representative

Date

**TIMOTHY M. SMITH**

Print or Type Name of Authorized Representative