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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.	2. Exact name of the Corporation
932615	Smart Ideas, Inc.

3. Principal office address	City	State	Zip
655 Mendon Road	Cumberland	RI	02864

4. Business Phone No.	5. State of Incorporation
	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Website development, search and social marketing.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Joseph J. Samra III	Joseph J. Samra III
Street Address	Street Address
655 Mendon Road, Suite 2A	655 Mendon Road, Suite 2A
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864
Secretary Name	**Treasurer Name**
Joseph J. Samra III	Joseph J. Samra III
Street Address	Street Address
655 Mendon Road, Suite 2A	655 Mendon Road, Suite 2A
City / State / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	$.01

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.

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: 2/24/15

Joseph J. Samra III
Print or Type Name of Authorized Representative

2015 FEB 26 PM 1:27
SECRETARY OF STATE
CORPORATIONS DIV

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED
FEB 26 2015
BY 243283

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