



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. 932615		2. Exact name of the Corporation Smart Ideas, Inc.		
3. Principal office address 655 Mendon Road		City Cumberland	State RI	Zip 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 Joseph J. Samra II		Vice-President Name Joseph J. Samra II		
Street Address 655 Mendon Road, Suite 2A		Street Address 655 Mendon Road, Suite 2A		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name Joseph J. Samra II		Treasurer Name Joseph J. Samra II		
Street Address 655 Mendon Road, Suite 2A		Street Address 655 Mendon Road, Suite 2A		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
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.		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.

File Date: _____

Check No: _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 620
Revised: 01/2012

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that the statements contained herein are true and correct.

Signature of Authorized Representative

Joseph J. Samra II

Print or Type Name of Authorized Representative

Date

2/24/15

FILED

FEB 26 2015

BY Ch 243283

STATE OF RHODE ISLAND
DIVISION OF BUSINESS SERVICES
CORPORATIONS DIV

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