



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. 104148		2. Exact name of the Corporation Smiley Development Inc			
3. Principal office address 2890 Tower Hill Rd		City Sauratown		State RI	Zip 02874
4. Business Phone No. 401-641-2263		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island, TO ENGAGE IN THE BUSINESS OF Acquiring, Developing, owning, Leasing, mortgaging, operating, selling and otherwise disposing of Real Estate or related business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Andrew C Smiley Jr			Vice-President Name Alan T Smiley		
Street Address 2890 Tower Hill Rd			Street Address 134 Shampz St		
City Sauratown	State RI	Zip 02874	City West Greenwich	State RI	Zip 02874
Secretary Name Alan T Smiley			Treasurer Name Andrew C Smiley Jr		
Street Address 134 Shampz St			Street Address 2890 Tower Hill		
City West Greenwich	State RI	Zip 02874	City Sauratown	State RI	Zip 02874
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 300		CLASS/SERIES CNP		PAR VALUE \$ 0.00	

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: _____

BY

FOR SECRETARY OF STATE USE ONLY

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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

Andrew C Smiley Jr
Print or Type Name of Authorized Representative

3-23-15

3-23-15