



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

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

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 54564		2. Exact name of the Corporation Smithfield Gardens Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
5. Principal office address 181 Knight Street		City Smithfield	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Renee Blais		Vice-President Name			
Street Address 422-6 Smithfield Avenue		Street Address			
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Pavel Antonov		Treasurer Name Dennis O'Keefe			
Street Address 42 Provazza Drive		Street Address 11 Knight Street, Bldg. B-6			
City Seekonk	State MA	Zip 02771	City Warwick	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Renee Blais		Director Name Pavel Antonov			
Street Address 422-6 Smithfield Avenue		Street Address 42 Provazza Drive			
City Pawtucket	State RI	Zip 02860	City Seekonk	State MA	Zip 02771
Director Name Dennis O'Keefe		Director Name			
Street Address 11 Knight Street, Bldg. B-6		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

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

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.

Renee Blais _____ 6/26/15
 Signature of Officer or Authorized Representative Date

Renee Blais, President
 Print or Type Name of Officer or Authorized Representative

FILED
 JUL 21 2015
 BY 536934