



**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 2016**

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>000133926</b>		2. Exact name of the Corporation <b>W/S Smithfield OP, Inc.</b>		
3. Principal office address <b>33 Boylston Street, Suite 3000</b>		City <b>Chestnut Hill</b>	State <b>MA</b>	Zip <b>02467</b>
4. Business Phone No. <b>617-232-8900</b>		5. State of Incorporation <b>DE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Real estate ownership and development</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
President Name		Vice-President Name		
Street Address		Street Address		
City	State	Zip	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
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
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		3000	CWP	.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.

**FILED**

File Date \_\_\_\_\_

**FEB 03 2016**

Check No \_\_\_\_\_

By: \_\_\_\_\_

**30090**

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.

*Deirdre A. Geoghegan*

01/11/2016

Signature of Authorized Representative

Date

**Deirdre A. Geoghegan**

Print or Type Name of Authorized Representative

**FOR SECRETARY OF STATE USE ONLY**

**W/S Smithfield OP, Inc.**

**Entity ID No. 000133926**

Allan V. Rose

President

1 Executive Boulevard

Yonkers, NY 10701

Thomas J. DeSimone

Treasurer

33 Boylston Street, Suite 3000

Chestnut Hill, MA 02467

Martin A. Glazer

Assistant Secretary

400 Atlantic Avenue

Boston, MA 02110

Jeremy M. Sclar

Vice President

33 Boylston Street, Suite 3000

Chestnut Hill, MA 02467

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Assistant Treasurer

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Chestnut Hill, MA 02467

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1 Executive Boulevard

Yonkers, NY 10701

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Boston, MA 02110

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Assistant Secretary

1 Executive Boulevard

Yonkers, NY 10701

Michael Lifland

Assistant Secretary

1 Executive Boulevard

Yonkers, NY 10701

## **W/S Smithfield OP, Inc.**

Directors:

Jeremy M. Sclar, 33 Boylston Street, Suite 3000, Chestnut Hill, MA 02467, USA

Allan V. Rose, 1 Executive Boulevard, Yonkers, NY 10701, USA