RI SOS Filing Number: 201600634020 Date: 06/13/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016

Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
000100234	**Smith Hill Realty Organization**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**To hold title to property for the RI AFL-CIO, an exempt organization.**

5. Principal Office Address	City	State	Zip
194 Smith Street	**Providence**	**RI**	**02908**

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name **George H. Nee**			Vice-President Name		
Street Address **194 Smith Street**			Street Address		
City **Providence**	State **RI**	Zip **02908**	City	State	Zip
Secretary Name **Maureen Martin**			Treasurer Name **Maureen Martin**		
Street Address **194 Smith Street**			Street Address **194 Smith Street**		
City **Providence**	State **RI**	Zip **02908**	City **Providence**	State **RI**	Zip **02908**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **George H. Nee**			Director Name **Maureen Martin**		
Street Address **194 Smith Street**			Street Address **194 Smith Street**		
City **Providence**	State **RI**	Zip **02908**	City **Providence**	State **RI**	Zip **02908**
Director Name **Cheryl Masciarelli**			Director Name		
Street Address **194 Smith Street**			Street Address		
City **Providence**	State **RI**	Zip **02908**	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
George H. Nee	6/9/16

Signature of Officer/Authorized Representative
George Nee SIGN DOCUMENT HERE

FILED
JUN 13 2016
1997

Form No. 631
Revised: 2016

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