



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2016 OCT 20 AM 11:22

1. Entity ID Number <u>188359</u>		2. Exact name of the Corporation <u>Smith Street Holdings Inc.</u>			
3. Principal Office Address <u>116 Winnisquam Dr</u>		City <u>Warwick</u>		State <u>RI</u>	Zip <u>02886</u>
4. Business Phone Number <u>401-353-1597</u>		5. State of Incorporation <u>RI</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Retail Store</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name <u>JACK KAYROUZ</u>		Vice-President Name			
Street Address <u>116 Winnisquam Drive</u>		Street Address			
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02886</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment ☐			
Changes require an additional filing.		NUMBER OF SHARES <u>1000</u>	CLASS/SERIES	PAR VALUE <u>0.01</u>	
11. 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.					
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.					
Name of Authorized Representative <u>JACK KAYROUZ</u>				Date <u>10/20/2016</u>	
Signature of Authorized Representative <u>[Signature]</u>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

OCT 20 2016

By 286430

A.A.