



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 2017

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. 12131		2. Exact name of the Corporation GEORGE W. SMITH & SON, INC.			
3. Principal office address PO BOX 3290			City PAWTUCKET	State RI	Zip 02861
4. Business Phone No. 401-725-1207		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GREGORY W. SMITH			Vice-President Name STEPHEN R. SMITH		
Street Address 2 KIRKBRAE DRIVE			Street Address 2 KIRKBRAE DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name STACEY LEE TRAMONTI			Treasurer Name NANCY LEE SMITH		
Street Address 2 KIRKBRAE DRIVE			Street Address 2 KIRKBRAE DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GREGORY W. SMITH			Director Name STEPHEN R. SMITH		
Street Address 2 KIRKBRAE DRIVE			Street Address 2 KIRKBRAE DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name STACEY LEE TRAMONTI			Director Name NANCY LEE SMITH		
Street Address 2 KIRKBRAE DRIVE			Street Address 2 KIRKBRAE DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

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: _____

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.

FILED

JAN 20 2017

Gregory W. Smith
 Signature of Authorized Representative

12/27/16
 Date

GREGORY W. SMITH

Print or Type Name of Authorized Representative

BY 13249

KW