



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

Annual Report for the year: 2017
Corporation

STAMP

FOR
 SECRETARY OF STATE
 2016 FORM

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 15

1. Entity ID Number 12121		2. Exact name of the Corporation Fred W. Smith, Inc.			
3. Principal Office Address 84 Old Tower Hill Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Motor Vehicle Sales			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name William F. Jeffrey			Vice-President Name		
Street Address 1674A Ministerial Road			Street Address		
City Wakefield	State RI	Zip 02879	City	State	Zip
Secretary Name William F. Jeffrey			Treasurer Name William F. Jeffrey		
Street Address 1674A Ministerial Road			Street Address 1674A Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William F. Jeffrey			Director Name Pamella J. Jeffrey		
Street Address 1674A Ministerial Road			Street Address 1674A Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		712		Common	No Par Value
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 William F. Jeffrey					Date 1-20-2017
Signature of Authorized Representative <i>William F. Jeffrey</i>					

FILED
 SIGN DOCUMENT HERE
IAN 23 2017

BY HOZARDS

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov