



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.

2017 FEB -1 PM 3:36

1. Entity ID Number 70568		2. Exact name of the Corporation SMITTY'S SKI & SPORTS, INC			
3. Principal Office Address 86 MAIN STREET		City EAST GREENWICH		State RI	Zip 02818
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island RETAIL SALES SPORTING GOODS			
5. State of Incorporation RHODE ISALND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT R ASSELIN			Vice-President Name GUIDO D SILVESTRI		
Street Address 10 CARRIAGE HILL DRIVE			Street Address 25 WOODSIDE ROAD		
City WARWICK	State RI	Zip 02886	City SAUNDERSTOWN	State RI	Zip 02874
Secretary Name GUIDO D SILVESTRI			Treasurer Name ROBERT R ASSELIN		
Street Address 25 WOODSIDE ROAD			Street Address 10 CARRIAGE DRIVE		
City SAUNDERSTOWN	State RI	Zip 02874	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT R ASSELIN			Director Name GUIDO D SILVESTRI		
Street Address 10 CARRIAGE HILL DRIVE			Street Address 25 WOODSIDE ROAD		
City WARWICK	State RI	Zip 02886	City SAUNDERSTOWN	State RI	Zip 02874
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		COMMON		NO PAR	
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 ROBERT R ASSELIN					Date 2/1/17
Signature of Authorized Representative 					
SIGN DOCUMENT FILED					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 01 2017
By 294769
KM

FORM 630 - Revised: 10/2016