



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

Annual Report for the year: 2016
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 3:38

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			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
			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. <i>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.</i>					
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.gov

FEB 01 2017

By 294769

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