



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 <b>70568</b>		2. Exact name of the Corporation <b>SMITTY'S SKI &amp; SPORTS, INC</b>			
3. Principal Office Address <b>86 MAIN STREET</b>		City <b>EAST GREENWICH</b>		State <b>RI</b>	Zip <b>02818</b>
4. NAICS Code <b>44-45 - Retail Trade</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAIL SALES SPORTING GOODS</b>				
5. State of Incorporation <b>RHODE ISALND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ROBERT R ASSELIN</b>			Vice-President Name <b>GUIDO D SILVESTRI</b>		
Street Address <b>10 CARRIAGE HILL DRIVE</b>			Street Address <b>25 WOODSIDE ROAD</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
Secretary Name <b>GUIDO D SILVESTRI</b>			Treasurer Name <b>ROBERT R ASSELIN</b>		
Street Address <b>25 WOODSIDE ROAD</b>			Street Address <b>10 CARRIAGE DRIVE</b>		
City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROBERT R ASSELIN</b>			Director Name <b>GUIDO D SILVESTRI</b>		
Street Address <b>10 CARRIAGE HILL DRIVE</b>			Street Address <b>25 WOODSIDE ROAD</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>SAUNDERSTOWN</b>	State <b>RI</b>	Zip <b>02874</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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. <b>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.</b>					
Name of Authorized Representative <b>ROBERT R ASSELIN</b>					Date <b>2/1/17</b>
Signature of Authorized Representative 					
SIGN DOCUMENT <b>FILED</b>					

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

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By

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FORM 630 - Revised: 10/2016