



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

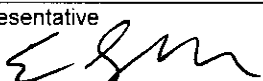
→ Filing period: January 1 - March 1

→ 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 MAR -2 AM 10: 21

1. Entity ID Number 001657698		2. Exact name of the Corporation Smart Surfacing Corp			
3. Principal Office Address 322 Chapel Street		City Harrisville		State RI	Zip 02830
4. NAICS Code 23 - Construction	6. Brief description of the character of business conducted in Rhode Island General construction				
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 Susan M. Shields			Vice-President Name Eric D. Shields		
Street Address 322 Chapel Street			Street Address 322 Chapel Street		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Susan M. Shields			Treasurer Name Susan M. Shields		
Street Address 322 Chapel Street			Street Address 322 Chapel Street		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Susan M. Shields			Director Name Eric D. Shields		
Street Address 322 Chapel Street			Street Address 322 Chapel Street		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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		
			100 no par common		
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 Eric D. Shields					Date 3-1-2017
Signature of Authorized Representative 					

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

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FORM 630 - Revised: 02/2017