RI SOS Filing Number: 201738126770 Date: 3/15/2017 4:00:00 PM



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

Entity ID Number 2. Exact name of the Corporation							
87707		THE ROSSINI & SMITH COMPANIES, INC.					
Principal Office Address		. 43."	City		State	Zip	
P.O. BOX 782			NORTH KING	STOWN	RI	02852	
4. NAICS Code	6. Brief des	cription of the chara	ter of business co	nducted in Rhod	de Ísland		
53 - Real Estate and Rental a	1	e, develop, sell, lea					
5. State of Incorporation	 	•••					
RHODE ISLAND							
7. List ALL officers (names and	addresses)			Che	eck the box to	indicate an attachment	
President Name TIMOTHY M. SN	Vice-President Name RALPH ROSSINI						
Street Address 21 ATTLEBORO	Street Address 22 BARNSTABLE ROAD						
City PORTSMOUTH	State RI	^{Zip} 02871	City NORFOLK		State M.	State MA Zip 02056	
Secretary Name RALPH ROSSINI			Treasurer Name TiMOTHY M. SMITH				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
•			·				
8. List ALL directors (names and	l addresses)		D:N	Che	eck the box to	indicate an attachment	
Director Name TIMOTHY M. SMITH			Director Name RALPH ROSSINI				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
Director Name			Director Name	 			
NONE			Director Name NONE				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	İ	10. Shares Iss	eued	Che	ck the box to	indicate an attachment	
This information is currently of record in the Department of State.		NUMBER O		CLASS/SERIES		PAR VALUE	
		500		COMMON		NONE	
Changes require an additional fili	ng.						
11. This report must be executed					rporation is in	the hands of a receiver or	
trustee, this report must be exec Under penalty of perjury, I dec					omnanvina s	chadulas and	
statements, and that all staten	nents contained			admy any acc	.ompanying s	chedares and	
Name of Authorized Representa	live				Date		
TIMOTHY M. SMITH	*			Fil	rn [′]	17-17	
Signature of Authorized Represe	ntative HE Kos	SHI & SMIN COL	14		LU N		
スト	•••	SIGN DOC	JUMENT HER	E JAN 1	5 2017	_	
MAIL TO:				MAK	<u>(</u> U+/		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016