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.

1. Entity ID Number	2. Exact name of the Corporation
87707	THE ROSSINI & SMITH COMPANIES, INC.

3. Principal Office Address	City	State	Zip
P.O. BOX 782	NORTH KINGSTOWN	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	To acquire, develop, sell, lease or otherwise deal in real estate.
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
TIMOTHY M. SMITH	21 ATTLEBORO AVENUE	PORTSMOUTH	RI	02871

Vice-President Name	Street Address	City	State	Zip
RALPH ROSSINI	22 BARNSTABLE ROAD	NORFOLK	MA	02056

Secretary Name	Street Address	City	State	Zip
RALPH ROSSINI				

Treasurer Name	Street Address	City	State	Zip
TIMOTHY M. SMITH				

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
TIMOTHY M. SMITH				

Director Name	Street Address	City	State	Zip
RALPH ROSSINI				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON	NONE

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: TIMOTHY M. SMITH

Date: 2-7-17

Signature of Authorized Representative: THE ROSSINI & SMITH Co. Ltr SIGN DOCUMENT HERE

FILED
MAR 15 2017
BY 17742

MAIL TO:
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