



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

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000100234		2. Exact name of the Corporation Smith Hill Realty Corporation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To hold title to property for the Rhode Island AFL-CIO, an exempt organization	
4. NAICS Code 813930			
6. Principal Office Address 194 Smith Street		City Providence	State RI
		Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name George H. Nee		Vice-President Name	
Street Address 194 Smith Street		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
Secretary Name MAUREEN MARTIN		Treasurer Name MAUREEN MARTIN	
Street Address 194 Smith Street		Street Address 194 Smith Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name George H. Nee		Director Name MAUREEN MARTIN	
Street Address 194 Smith Street		Street Address 194 Smith Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Cheryl Masciarelli		Director Name	
Street Address 194 Smith Street		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative George H. Nee			Date 6/1/17
Signature of Officer/Authorized Representative George H. Nee			

SIGN DOCUMENT HERE

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

FILED

FILED

JUN 05 2017

JUN 05 2017

BY

2080 DS

FORM 631 - Revised: 05/2017