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.

Entity ID Number	2. Exact name of the Corporation						
000100234	Smith Hill Realty Corporation						
3. State of Incorporation			r of business conducted in Rho		2; , — , ,		
	To hold title to property for the Rhode Island						
4. NAICS Code	AFL. CIO, an exempt organization						
813930	11/2	<i>an</i> e	exemple organ	LUCTON			
6. Principal Office Address			City	State	Zip		
194 Smith STreet			Providence	RI	02908		
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name George H. Nee			Vice-President Name				
Street Address 194 Sm, th STreet			Street Address				
CityProvidence	State RI	Zip 2908	City	State	Zip		
Secretary Name MAUCEN MACTIN			Treasurer Name MAUCEEN MACTIN				
Street Address / th STreet			Street Address / Smith Street				
city Providence	State Z	Zig/2908	CityProvidence	State	zig 2908		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.							
Director Name				Check the box to ind	icate an attachment		
Director Name			Director Name MAUCEEN MACTIN				
Street Address 194 Sm. th STreet			Street Address / Smith Street				
City Providence	State	2ip 02908	City Providence	State	Zip 02908		
Director Name Checul MAS	ciacell		Director Name				
Street Address Smith STreet			Street Address				
City Providence	State	Zip 2908	City	State	Zip		
9. Registered Agent in Rhode Islan	d. This information		in the Department of State. Change	es require filing Form 6	341.		
Under penalty of perjury, I declar statements, and that all statemen	re and affirm that nts contained he	t I have examined rein are true and (this report, including any ac	companying sched	lules and		
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				Date			
George H. / Signature of Officer/Authorized Rep	6/1/	17					
•							
GEOVELAS 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

FILE

JUN 0 5 2017 JUN 0 5 2007

FORM 631 - Revised: 05/2017