



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

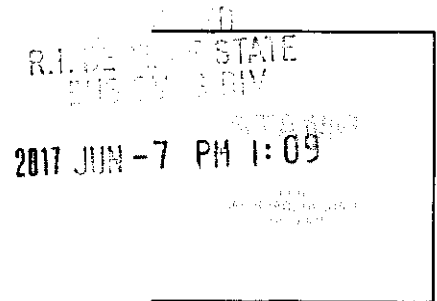
Annual Report for the year: 2017

Non-Profit Corporation

→ 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 129386		2. Exact name of the Corporation South Main Street Improvement Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote the maintenance and beautification of the area of the City of Providence, RI commonly known as South Main Street	
4. NAICS Code 813312 - Environment, Cons			
6. Principal Office Address c/o Partridge Snow & Hahn LLP 40 Westminster St., Ste 1100		City Providence	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James H. Hahn		Vice-President Name James H. Hahn	
Street Address 40 Westminster St., Ste. 1100		Street Address 40 Westminster St., Ste. 1100	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Thomas C. Eagan		Treasurer Name James H. Hahn	
Street Address 40 Westminster St., Ste. 1100		Street Address 40 Westminster St., Ste. 1100	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 Aram Garabedian		Director Name Beverly Ledbetter	
Street Address 245 Waterman Street		Street Address 110 South Main Street, Box 1913	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Director Name Fran Gast		Director Name James H. Hahn	
Street Address 2 College Street		Street Address 40 Westminster St., Ste 1100	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative James H. Hahn			Date 6/6/17
Signature of Officer/Authorized Representative <i>James H. Hahn</i>			

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

JUN 07 2017

BY *Ch 305425*