



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000065027

2. Name of Corporation SMART MANAGEMENT, INC.

3. Street Address Principal Business Office:

No. and Street: 66 PAVILION AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

4. Business Phone No.

401-780-2300

5. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

55

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN THE BUSINESS OF MANAGEMENT AND CONSULTING SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	DAVID L. PICCOLI II	66 PAVILION AVENUE PROVIDENCE, RI 02905 USA

SECRETARY	HEATHER CAMARA	66 PAVILION AVENUE PROVIDENCE, RI 02905 USA
PRESIDENT	DAVID L PICCOLI II	66 PAVILION AVENUE PROVIDENCE, RI 02905- USA
DIRECTOR	DAVID L. PICCOLI II	66 PAVILION AVENUE PROVIDENCE, RI 02905 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	600.00	100

9. 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.

Signed this 16 Day of August, 2017 at 11:36:46 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By /HEATHER CAMARA/
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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