State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

•				: 7
Ċ	١.	٠.	.₁ <sup>¦.</sup> .	

	2017
Annual Report for the year:	
Limited Liability Company	

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	2. Exact name of the Limited Liability Company						
141570	SMITH PECKHAM, LLC						
3. State of Formation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Real estate management.						
	53/3//						
5. Principal Office Address			City	State	Zıp		
7 Roger Road			Johnston	RI	02919		
6. Mailing Address of Limited Lia	bility Compan	y and Name or Tit	e of Contact Person				
Contact Name Stephen J. DiGianfilippo, Esq.			Contact Title Attorney				
Street Address 50 Park Row West, Suite 111			City Providence	State RI	<sup>Zip</sup> <b>02903</b>		
7. List ALL managers (names a	nd addresses)	of the Limited Liat	oility Company, IF APPLICAB	BLE - DO NOT LIST	MEMBERS		
Manager Name Edward T. Gallucci			Manager Name				
Street Address 7 Roger Road			Street Address				
<sup>City</sup> Johnston	State RI	<sup>Zip</sup> 02919	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	<u> </u>			Check the box to	indicate an attachment		
8. Resident Agent in Rhode Isla	nd. This informa	ition is currently of re	ecord in the Department of State.	. Changes require filing	Form 642.		
Under penalty of perjury, I dec statements, and that all stater				g any accompanyin	ng schedules and		
Name of Authorized Person							
Edward T. Gallucci				91	9/29/17		
Signature of Authorized Person SIGN DOCUMENT HERE							
Signature of Authorized Person 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 OCT 18 2017 13279 OS