

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401 222 3040

2018

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is

subject to a penalty fee of \$25.00.					
1 Сырыған ID N г 488387	2 Name of Corporation BEA SMITH'S INC.				
3 Street Address Principal Business 79 Woody Hill Road (Office 416H ST-	UNIT 4	Bradford ASHAWAY	State RI	12808 02804
4 Husiness Phone No. 5 Male of Incorporation 401-596-3522 Rhode Island					
6 Brief Description of the Characte Clothing Retail	of Business Conducted in to	hale Island			
7. NAMES AND ADDRESSE	S OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	ES BEFORE USING	ATTACHMENTS
Raymond W. Smith			Sharon K. Smith		
79 Woody Hill Road			79 Woody Hill Road		
City: Bradford	State RI	^{Zip} 02808	euy Bradford	RI State	^{∠φ} 02808
Secretary Name Raymond W. Smith			Treasurer Name Raymond W. Smith		
Street Address 79 Woody Hill Road			Street Address 79 Woody Hill Road		
Gir Bradford	State RI	^{Zip} 02808	ου Bradford	State RI	<i>∕.</i> ψ- 02808
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	S: ("X" BOX FOR ATT	FACHMENT) 🗌 FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS
Drygtor Name Paymond M. Smith			Director Name Sharon K. Smith		
Raymond W. Smith			Sharon K. Smith		
79 Woody Hill Road			79 Woody Hill Road		
Cus	State ·	Zip	City	State	Zip
Bradford] RI	02808	Bradford	RI	02808
Director Name			Director Name		
Street Address			Street Address		
CHY	State	Zψ	City	State	Ziji
9. SHARES AUTHORIZED	I	1	10. SHARES ISSUED ("X" ISSUED SHARES THIS SECTION	 "	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet			Number of Shares	Class Series	Par Value
			100	Common	0
This report must be execute	d on behalf of the corp	oration by an authorize	ed representative. If the corpor	ration is in the hand	s of a receiver or trustee,
this report must be executed	on behalf of the corpo	oration by the receiver	or trustee.		
					that I have examined this repx atgments,and that all stateme
		FILED	contained herein are true		0.1
File Date	n i - manni - mir'	' 	Maynon	(WXIN	ni / 1-19-18
		FED A P 2010	Signature /		Date
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Ву:	BY	17825	Print or Type Name		··
FOR SECRETARY OF S	-		preside	UT	
FOR SECRETARY OF STATE USE ONLY			Title 1		