



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

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1

RECEIVED
SECRETARY OF STATE
CORPORATIONS
2018 MAR 26 PM 2: 7

| | | | |
|---|---|--|--------------------|
| 1 Entity ID Number 000096288 | | 2 Exact name of the Corporation Bill Smith Building Company, Inc. | |
| 3 Principal Office Address 351 Liberty Lane, Unit 1 | | City West Kingston | State RI |
| | | Zip 02892 | |
| 4 NAICS Code 23 615 | 6. Brief description of the character of business conducted in Rhode Island To engage in the business of general residential and commercial construction. | | |
| 5 State of Incorporation Rhode Island | | | |
| 7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name William Smith | | Vice-President Name William Smith | |
| Street Address 351 Liberty Lane, Unit 1A | | Street Address 351 Liberty Lane, Unit 1A | |
| City West Kingston | State RI | City West Kingston | State RI |
| Zip 02892 | | Zip 02892 | |
| Secretary Name Amy Smith | | Treasurer Name William Smith | |
| Street Address 351 Liberty Lane, Unit 1A | | Street Address 351 Liberty Lane, Unit 1A | |
| City West Kingston | State RI | City West Kingston | State RI |
| Zip 02892 | | Zip 02892 | |
| 8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | City | State |
| Zip | | Zip | |
| 9 Shares Authorized | | 10 Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | |
| | | CLASS/SERIES | |
| | | 1,000 | CNP |
| | | | 0.00 |
| 11 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. 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. | | | |
| Name of Authorized Representative William Smith, President | | | Date |
| Signature of Authorized Representative: FILED <i>William Smith</i> | | | |

MAIL TO:
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