



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

Fee: \$20.00

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

**Non-Profit Corporation**

**Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2018**

**1. Corporate ID No.** 000068043

**2. Name of Corporation** Smith Hill Community Development Corporation

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity 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

624229

**4. Corporate Address in Rhode Island**

No. and Street: 400 SMITH STREET, SUITE 1, PO BOX 28122

City or Town: PROVIDENCE

State: RI Zip: 02908 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:      State:      Zip:      Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE DECENT AND AFFORDABLE HOUSING, THRU RENTAL,  
HOME OWNERSHIP, HOME REPAIR PROGRAMS, TO LOW INCOME FAMILIES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.  
7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TOM RYAN	590 PLEASANT VALLEY PARKWAY PROVIDENCE, RI 02908 USA
SECRETARY	VIRONICA ANDERSON	48 GODDARD STREET PROVIDENCE, RI 02908 USA
VICE PRESIDENT	GARRY BLISS	8 RHODE ISLAND AVE PROVIDENCE, RI 02906 USA
DIRECTOR	JUSTIN ROIAS	34 MALVERN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	PATRICK REDDY	206 CANDACE STREET PROVIDENCE, RI 02908 USA
DIRECTOR	PATRICK GRIFFIN	381 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JAMES SCOTT	1246 SMITH STREET PROVIDENCE, RI 02908 USA
DIRECTOR	HEATHER GAYDOS	8 ESTEN STREET PROVIDENCE, RI 02908 USA
DIRECTOR	IAN BUDISH	363 ORMS STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JAKE BISSAILLON	66 WEYBOSSET STREET PROVIDENCE, RI 02908 USA
DIRECTOR	JUSTIN ROIAS	48 MALVERN STREET PROVIDENCE, RI 02904 USA
DIRECTOR	VALENTINA ADAMOVA	444 RIVER AVENUE PROVIDENCE, RI 02908 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JEAN LAMB 400 SOUTH STREET PROVIDENCE , RI 02908

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of June, 2018 at 2:39:35 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By JEAN M. LAMB  
Signature of Authorized Person

Form No. 631  
Revised 09/07

