



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

Annual Report for the year: **2018**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 11 2018

BY

1140 [Signature]

1. Entity ID Number 000054564		2. Exact name of the Corporation Smithfield Gardens Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 181 Knight Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name William Miller		Vice-President Name Dennis O'Keefe			
Street Address 79 Ivan Street, #15		Street Address 1060 Park Avenue			
City North Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02910
Secretary Name William Diahn		Treasurer Name William Diahn			
Street Address 34 Marietta Street		Street Address 34 Marietta Street			
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William Miller		Director Name Dennis O'Keefe			
Street Address 79 Ivan Street, #15		Street Address 1060 Park Avenue			
City North Providence	State RI	Zip 02904	City Cranston	State RI	Zip 02910
Director Name William Diahn		Director Name			
Street Address 34 Marietta Street		Street Address			
City Providence	State RI	Zip 02904	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative William Miller, President				Date 5/22/18	
Signature of Officer/Authorized Representative <i>William Miller</i> SIGN DOCUMENT					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov