

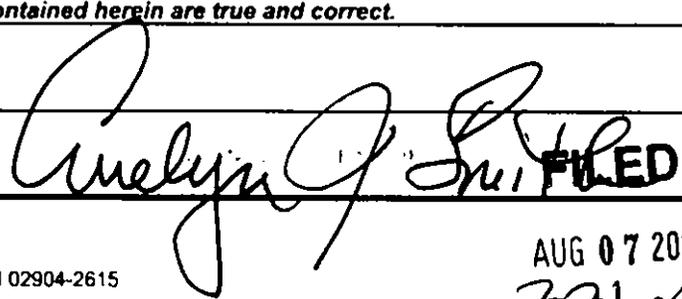


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
 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 DIV
 2018 AUG -7 AM 11:11

1. Entity ID Number 000012174		2. Exact name of the Corporation J. F. SMITH BUILDERS, INC.			
3. Principal Office Address 50 PIETILA ROAD		City CHARLESTOWN		State RI	Zip 02813
4. NAICS Code 236117		6. Brief description of the character of business conducted in Rhode Island GENERAL CONSTRUCTION BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EVELYN J SMITH			Vice-President Name NONE		
Street Address 50 PIETILA ROAD			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Secretary Name EVELYN J SMITH			Treasurer Name EVELYN J SMITH		
Street Address 50 PIETILA ROAD			Street Address 50 PIETILA ROAD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RI	Zip 02813
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name EVELYN J SMITH			Director Name		
Street Address P O BOX 1379			Street Address		
City CHARLESTOWN	State RI	Zip 02813	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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
			300		CNP
			PAR VALUE		\$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 EVELYN J SMITH				Date 7/13/18	
Signature of Authorized Representative 				FILED	

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

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 FORM 630 - Revised: 10/2017