St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
(\mathbf{J})	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability com a thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>000135836</u>			
2. Exact Name of the Limited Liability Company <u>SMCL LIMITED, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>812990</u>			
4. Brief Description of the	Character of the Business Whicl	n is Actually Conducted in F	hode Island
TRAVEL CONSULTAN	<u>T</u>		
5. Principal Office Addres	S		
	RED OAKS LANET BARNSTABLEState:	<u>MA</u> Zip: <u>02668</u> Cou	untry: <u>USA</u>
6. Mailing Address of Lin	nited Liability Company and Name	e or Title of Contact Person	:
	CAMPBELL Contact Title: ED OAKS LANE		
City or Town: WES	FBARNSTABLE State:	<u>MA</u> Zip: <u>02668</u> Cou	untry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zi	p Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

 $\frac{\text{BUSINESS FILINGS INTERNATIONAL, INC.}}{\text{PROVIDENCE}}, \ \frac{\text{A1}}{\text{RI}} \ \frac{\text{02914}}{\text{02914}}$

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 1 Day of September, 2018 at 6:55:27 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 § 7-16.*

By <u>SEAN S CAMPBELL</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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