



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

148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2018**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>127963</b>		2. Exact name of the limited liability company <b>Smile, LLC</b>			3. NAICS Code <b>531312</b>	
4. Brief description of the character of the business which is actually conducted in Rhode Island <b>real estate holding company</b>					5. State of Formation <b>Rhode Island</b>	
6. Principal office address <b>1 Thurber Blvd.</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
7. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name <b>Bakhoun Girgis</b>			Contact Title <b>Member</b>			
Street Address <b>1 Thurber Blvd.</b>			City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
8. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name <b>William R. Conroy, Jr.</b>			Manager Name <b>Kristofer Haggarty</b>			
Street Address <b>1 Thurber Blvd.</b>			Street Address <b>1 Thurber Blvd.</b>			
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	
Manager Name <b>Bakhoun M. Girgis</b>			Manager Name			
Street Address <b>1 Thurber Blvd.</b>			Street Address			
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip	
9. RESIDENT AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11						

**FILED**

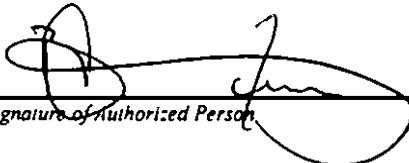
SEP 26 2018

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

BY 2771

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

 9/13/18  
Signature of Authorized Person Date

**Bakhoun Girgis, Member**

Print or Type Name of Authorized Person