



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 36116		2. Name of Corporation SMITH HILL ASSOCIATES, INC.			
3. Street Address Principal Business Office ONE SMITH HILL			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. (401) 272-1110		5. State of Incorporation RHODE ISLAND			6. SIC Code 5538
7. Brief Description of the Character of Business Conducted in Rhode Island REAL ESTATE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LEONARD DECOF			Vice President Name MARK B. DECOF		
Street Address ONE SMITH HILL			Street Address ONE SMITH HILL		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name LEONARD DECOF			Treasurer Name MARK B. DECOF		
Street Address ONE SMITH HILL			Street Address ONE SMITH HILL		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00	PAR VALUE	1000	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2/1/05
Check No.	6183
By:	DA
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.

Signature of Officer

Date

Mark B. Decof

Print or Type Name of Officer

Vice President/Treasurer

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

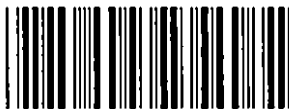
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>36116</b>		2. Name of Corporation <b>SMITH HILL ASSOCIATES, INC.</b>			
3. Street Address Principal Business Office <b>One Smith Hill</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No <b>(401) 272-1119</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5538</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>REAL ESTATE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Leonard Decof</b>			Vice President Name <b>Mark B. Decof</b>		
Street Address <b>One Smith Hill</b>			Street Address <b>One Smith Hill</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Leonard Decof</b>			Treasurer Name <b>Mark B. Decof</b>		
Street Address <b>One Smith Hill</b>			Street Address <b>One Smith Hill</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>	<b>1000</b>	<b>COMMON</b>	<b>\$1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 3 6 1 1 6 \*

File Date **3-16-04**  
Check No. **5872**  
By: **UP**

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.

Signature of Officer

**Mark B. Decof**

Print or Type Name of Officer

**Vice President/Treasurer**

Title of Officer

Date

**1/27/04**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **36116** 2. Name of Corporation **SMITH HILL ASSOCIATES, INC.**  
3. Street Address Principal Business Office **ONE SMITH HILL**  
4. Business Phone No. **(401) 272-1110** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **PROVIDENCE** State **RI** Zip **02903**  
6. SIC Code **5538**

REAL ESTATE

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
<b>LEONARD DECOF</b>	<b>MARK B. DECOF</b>
Street Address	Street Address
<b>ONE SMITH HILL</b>	<b>ONE SMITH HILL</b>
City	City
<b>PROVIDENCE</b>	<b>PROVIDENCE</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02903</b>	Zip <b>02903</b>
Secretary Name	Treasurer Name
<b>LEONARD DECOF</b>	<b>MARK B. DECOF</b>
Street Address	Street Address
<b>ONE SMITH HILL</b>	<b>ONE SMITH HILL</b>
City	City
<b>PROVIDENCE</b>	<b>PROVIDENCE</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02903</b>	Zip <b>02903</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 \$1.00 PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000 COMMON 1.00 PAR**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 3 6 1 1 6 \*

File Date: 3-18-03  
Check No.: 5012  
By: ICP  
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.

Signature of Officer [Signature] Date 3-18-03  
**MARK B. DECOF**  
Print or Type Name of Officer  
**VICE PRESIDENT/TREASURER**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36116** 2. Name of Corporation **SMITH HILL ASSOCIATES, INC.**  
3. Street Address Principal Business Office **ONE SMITH HILL**  
4. Business Phone No. **(401) 272-1110** 5. State of Incorporation **RHODE ISLAND**

City **PROVIDENCE** State **RI** Zip **02903**  
6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

**REAL ESTATE**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>LEONARD DECOF</b> Street Address <b>ONE SMITH HILL</b> City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>	Vice President Name <b>MARK B. DECOF</b> Street Address <b>ONE SMITH HILL</b> City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>LEONARD DECOF</b> Street Address <b>ONE SMITH HILL</b> City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>	Treasurer Name <b>MARK B. DECOF</b> Street Address <b>ONE SMITH HILL</b> City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02903</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>COMMON</b>	<b>1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 3 6 1 1 6 \*

File Date: 1-31-02  
5318  
Check No.: 2  
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.

Signature of Officer Mark B. Decof Date \_\_\_\_\_  
**MARK B. DECOF**  
Print or Type Name of Officer  
**VICE PRESIDENT/TREASURER**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>36116</b>		2. Name of Corporation <b>SMITH HILL ASSOCIATES, INC.</b>	
3. Street Address Principal Business Office <b>ONE SMITH HILL</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 272-1110</b>		6. SIC Code <b>5538</b>	
5. State of Incorporation <b>RHODE ISLAND</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>LEONARD DECOF</b>		Vice President Name <b>MARK B. DECOF</b>	
Street Address <b>One Smith Hill</b>		Street Address <b>One Smith Hill</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
Secretary Name <b>LEONARD DECOF</b>		Treasurer Name <b>MARK B. DECOF</b>	
Street Address <b>One Smith Hill</b>		Street Address <b>One Smith Hill</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>LEONARD DECOF</b>		Director Name <b>MARK B. DECOF</b>	
Street Address <b>One Smith Hill</b>		Street Address <b>One Smith Hill</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02903</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>8,000 SHS \$1.00 P/V EACH</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1000</b>	<b>Common</b>	<b>1.00</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 3 6 1 1 6 \*

File Date: 1/17

Check No.: 5007

By: 2-

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.

Signature of Officer  
**MARK B. DECOF**

Date

1/16/01

Print or Type Name of Officer  
**VICE PRESIDENT/TREASURER**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

36116

SMITH HILL ASSOCIATES, INC.

3. Street Address Principal Business Office

City

State

Zip

ONE SMITH HILL

PROVIDENCE

RI

02903

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 272-1110

RHODE ISLAND

5538

7. Brief Description of the Character of Business Conducted in Rhode Island

Real estate

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

LEONARD DECOF

MARK B. DECOF

Street Address

Street Address

One Smith Hill

One Smith Hill

City

State

Zip

Providence

RI

02903

City

State

Zip

Providence

RI

02903

Secretary Name

Treasurer Name

LEONARD DECOF

MARK B. DECOF

Street Address

Street Address

One Smith Hill

One Smith Hill

City

State

Zip

Providence

RI

02903

City

State

Zip

Providence

RI

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

LEONARD DECOF

MARK B. DECOF

Street Address

Street Address

One Smith Hill

One Smith Hill

City

State

Zip

Providence

RI

02903

City

State

Zip

Providence

RI

02903

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 P/V EACH

1,000

COMMON

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 3 6 1 1 6 \*

File Date: 1-10-00

Check No.: 4744

By: AMF

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.

Mark B. Decof 1/7/00  
Signature of Officer Date

MARK B. DECOF  
Print or Type Name of Officer

VICE PRESIDENT/TREASURER  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36116** 2. Name of Corporation **SMITH HILL ASSOCIATES, INC.**

3. Street Address Principal Business Office

ONE SMITH HILL

4. Business Phone No.

(401) 272-1110

5. State of Incorporation  
**RHODE ISLAND**

City

PROVIDENCE

State

RI

Zip

02903

6. SIC Code  
**5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

Real estate

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

LEONARD DECOF

Street Address

ONE SMITH HILL

City

PROVIDENCE

State

RI

Zip

02903

Vice President Name

MARK B. DECOF

Street Address

ONE SMITH HILL

City

PROVIDENCE

State

RI

Zip

02903

Secretary Name

LEONARD DECOF

Street Address

ONE SMITH HILL

City

PROVIDENCE

State

RI

Zip

02903

Treasurer Name

MARK B. DECOF

Street Address

ONE SMITH HILL

City

PROVIDENCE

State

RI

Zip

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

LEONARD DECOF

Street Address

ONE SMITH HILL

City

PROVIDENCE

State

RI

Zip

02903

Director Name

MARK B. DECOF

Street Address

ONE SMITH HILL

City

PROVIDENCE

State

RI

Zip

02903

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 P/V EACH

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

COMMON

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Jan 20, 99

Check No.: 4484

By: JS

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.

Signature of Officer

Date

1/19/99

MARK B. DECOF

Print or Type Name of Officer

VICE PRESIDENT/TREASURER

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **36116** 2. Name of Corporation **SMITH HILL ASSOCIATES, INC.**

3. Street Address Principal Business Office

One Smith Hill

4. Business Phone No.

(401) 272-1110

5. State of Incorporation  
**RHODE ISLAND**

City

Providence

State

RI

Zip

02903

6. SIC Code  
**5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Leonard Decof

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

Secretary Name

Leonard Decof

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

Vice President Name

Mark B. Decof

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

Treasurer Name

Mark B. Decof

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Leonard Decof

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

Director Name

Mark B. Decof

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 P/V EACH

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 3 6 1 1 6 \*

File Date: 1.12.98

Check No.: 42006

By: 10P

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.

Mark B. Decof 1/9/98  
Signature of Officer

Mark B. Decof

Print or Type Name of Officer

Vice President/Treasurer

Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Lungevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

36116

2. Name of Corporation

SMITH HILL ASSOCIATES, INC.

3. Street Address Principal Business Office

One Smith Hill

City

Providence

State

RI

Zip

02903

4. Business Phone No.

272-1110

5. State of Incorporation

RHODE ISLAND

6. SIC Code

5538

7. Brief Description of the Character of Business Conducted in Rhode Island

Real estate

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name

Leonard Decof

Vice President Name

Mark B. Decof

Street Address

One Smith Hill

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Secretary Name

Leonard Decof

Treasurer Name

Mark B. Decof

Street Address

One Smith Hill

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name

Leonard Decof

Director Name

Mark B. Decof

Street Address

One Smith Hill

Street Address

One Smith Hill

City

Providence

State

RI

Zip

02903

City

Providence

State

RI

Zip

02903

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 SHS \$1.00 P/V EACH

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

Common

\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 3 6 1 1 6 \*

File Date: 1/7/97

Check No.: 3951

By: [Signature] / WLC

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.

[Signature] 1/6/97  
Signature of Officer Date

Mark B. Decof

Print or Type Name of Officer

Vice President/Treasurer

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 36116		2. NAME OF CORPORATION SMITH HILL ASSOCIATES, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE One Smith Hill		CITY Providence	STATE RI
4. BUSINESS PHONE NO. 272-1110		5. STATE OF INCORPORATION RHODE ISLAND	6. ZIP CODE 02903
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND real estate			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Leonard Decof		VICE PRESIDENT NAME Mark B. Decof	
STREET ADDRESS One Smith Hill		STREET ADDRESS One Smith Hill	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02903		ZIP CODE 02903	
SECRETARY NAME Leonard Decof		TREASURER NAME Mark B. Decof	
STREET ADDRESS One Smith Hill		STREET ADDRESS One Smith Hill	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02903		ZIP CODE 02903	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Leonard Decof		DIRECTOR NAME Mark B. Decof	
STREET ADDRESS One Smith Hill		STREET ADDRESS One Smith Hill	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02903		ZIP CODE 02903	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	\$1.00 P/V EACH		1000	Common	\$1.00

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Signature of Officer

Mark B. Decof

Print or Type Name of Officer

Vice President

Title of Officer

January 3, 1996

Date

File Date:

Check No:

By:

For Secretary of State Use Only



**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

100#30  
3467

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0056116 Annual Report for the year: 1995

Name of Corporation: SMITH HILL ASSOCIATES, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:  
[X] Business Corporation (See RIGL Chapter 7-1.1)  
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

One Smith Hill

Providence, RI 02903

Phone: ( 401 ) 272-1110

Brief statement of the character of business conducted in Rhode Island:

real estate

JAN 1995

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
LEONARD DECOF	One Smith Hill	Providence, RI	02903
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
MARK B. DECOF	One Smith Hill	Providence, RI	02903
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
LEONARD DECOF	One Smith Hill	Providence, RI	02903
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
MARK B. DECOF	One Smith Hill	Providence, RI	02903

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
LEONARD DECOF	One Smith Hill	Providence, RI	02903
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
MARK B. DECOF	One Smith Hill	Providence, RI	02903

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series	Number of Shares	Class / Series
8000	Common \$1.00	1000	Common \$1.00

Date January 9, 1995

By: Mark B. Decof

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING Vice President

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

E. PAUL GRIMM  
ONE SMITH HILL  
PROVIDENCE RI 02903

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept 1 - Nov 1  
CORP: Jan 1 - March 1

Corporate ID: 0056116 Annual Report for the year: 1994

Name of Business Entity: SMITH HILL ASSOCIATES, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

One Smith Hill  
Providence, RI 02903

Phone: (401) 272-1110

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Mark B. Decof

Vice President

One Smith Hill

Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island  
real estate

Date of Organization: October 9, 1985

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Leonard Decof</u>	<u>One Smith Hill</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Mark B. Decof</u>	<u>One Smith Hill</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Leonard Decof</u>	<u>One Smith Hill</u>	<u>Providence, RI</u>	<u>02903</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Mark B. Decof</u>	<u>One Smith Hill</u>	<u>Providence, RI</u>	<u>02903</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Leonard Decof</u>	<u>One Smith Hill</u>	<u>Providence, RI</u>	<u>02903</u>
<u>Mark B. Decof</u>	<u>One Smith Hill</u>	<u>Providence, RI</u>	<u>02903</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	CLASS	NUMBER	CLASS
<u>8,000</u>	<u>Common</u>	<u>1,000</u>	<u>Common</u>
SERIES		SERIES	
<u>PAR VALUE OR \$1.00</u>		<u>PAR VALUE OR \$1.00</u>	
<u>WITHOUT PAR</u>		<u>WITHOUT PAR</u>	

Date: February 1, 19 94

By: Mark B. Decof  
PRINT OR TYPE NAME OF OFFICER SIGNING  
Vice President  
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

F. PAUL GRIMM  
ONE SMITH HILL  
PROVIDENCE RI 02903

FILED  
FEB 1 1994  
0918#596#3188

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 003E11E Annual Report for the year 1993FIRST: The name of the corporation is SMITH HILL ASSOCIATES, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is real estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Smith Hill, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Leonard Decof	Director	One Smith Hill, Providence, RI 02903
Mark B. Decof	Director	One Smith Hill, Providence, RI 02903
	Director	
Leonard Decof	President	One Smith Hill, Providence, RI 02903
Mark B. Decof	Vice President	One Smith Hill, Providence, RI 02903
Leonard Decof	Secretary	One Smith Hill, Providence, RI 02903
Mark B. Decof	Treasurer	One Smith Hill, Providence, RI 02903

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00

Dated January 26, 19 93

SMITH HILL ASSOCIATES, INC.

(Name of Corporation)

By Mark B. DecofTitle Treasurer

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0035115 <sup>07724</sup> Annual Report for the year 1992

FIRST: The name of the corporation is SMITH HILL ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island One Smith Hill, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Leonard Decof	Director	One Smith Hill, Providence, RI 02903
Mark B. Decof	Director	One Smith Hill, Providence, RI 02903
	Director	
Leonard Decof	President	One Smith Hill, Providence, RI 02903
Mark B. Decof	Vice President	One Smith Hill, Providence, RI 02903
Leonard Decof	Secretary	One Smith Hill, Providence, RI 02903
Mark B. Decof	Treasurer	One Smith Hill, Providence, RI 02903

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00

Dated January 6, 19 92

(Report must be signed by an officer)

SMITH HILL ASSOCIATES, INC.  
(Name of Corporation)

By Mark B. Decof  
Title Treasurer

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0036115 Annual Report for the year 1991

FIRST: The name of the corporation is SMITH HILL ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island One Smith Hill, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Leonard Decof Director One Smith Hill, Providence, RI 02903

Mark B. Decof Director One Smith Hill, Providence, RI 02903

Director .....

Leonard Decof President One Smith Hill, Providence, RI 02903

Mark B. Decof Vice President One Smith Hill, Providence, RI 02903

Leonard Decof Secretary One Smith Hill, Providence, RI 02903

Mark B. Decof Treasurer One Smith Hill, Providence, RI 02903

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8000	Common		\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00

PAID

JAN 14 1991

REC'D

Dated January 4, 19 91

SMITH HILL ASSOCIATES, INC.  
(Name of Corporation)

By Mark B. Decof

Title Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

CZ

Corporate ID 0035115 Annual Report for the year 1990

FIRST: The name of the corporation is SMITH HILL ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is real estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Smith Hill, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Leonard Decof</u>	<u>Director</u>	<u>One Smith Hill, Providence, RI 02903</u>
<u>Mark B. Decof</u>	<u>Director</u>	<u>One Smith Hill, Providence, RI 02903</u>
	<u>Director</u>	
<u>Leonard Decof</u>	<u>President</u>	<u>One Smith Hill, Providence, RI 02903</u>
<u>Mark B. Decof</u>	<u>Vice President</u>	<u>One Smith Hill, Providence, RI 02903</u>
<u>Leonard Decof</u>	<u>Secretary</u>	<u>One Smith Hill, Providence, RI 02903</u>
<u>Mark B. Decof</u>	<u>Treasurer</u>	<u>One Smith Hill, Providence, RI 02903</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8000</u>	<u>Common</u>		<u>\$1.00</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>\$1.00</u>

Dated January 18, 19 90

SMITH HILL ASSOCIATES, INC.  
(Name of Corporation)

By Mark B. Decof

Title Treasurer

(Report must be signed by an officer)



Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0035116 Annual Report for the year 1989

FIRST: The name of the corporation is SMITH HILL ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Real Estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Smith Hill, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Leonard Decof	President	One Smith Hill, Providence, RI 02903
Mark B. Decof	Vice President	One Smith Hill, Providence, RI 02903
Leonard Decof	Secretary	One Smith Hill, Providence, RI 02903
Mark B. Decof	Treasurer	One Smith Hill, Providence, RI 02903

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		\$1.00

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00

Dated February 21, 1989

SMITH HILL ASSOCIATES, INC.

(Name of Corporation)

By Mark B. Decof

Title Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

83052

0.12

Corporate ID 36116 Annual Report for the year 1988

FIRST: The name of the corporation is SMITH HILL ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is REAL ESTATE

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Smith Hill, Providence, R.I. 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

	Director	
	Director	
	Director	
Leonard Decof	President	One Smith Hill, Providence, R.I. 02903
Mark B. Decof	Vice President	One Smith Hill, Providence, R.I. 02903
Leonard Decof	Secretary	One Smith Hill, Providence, R.I. 02903
Mark B. Decof	Treasurer	One Smith Hill, Providence, R.I. 02903

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
8,000	Common	

Par Value  
or statement that  
shares are without  
par value

\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
1,000	Common	

Par Value  
or statement that  
shares are without  
par value

\$1.00

Dated April 1, 19 88

SMITH HILL ASSOCIATES, INC.

(Name of Corporation)

By

Mark B. Decof

Title

Treasurer

(Report must be signed by an officer)

PAID  
APR 7 1988  
SECY. OF STATE

Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36116 Annual Report for the year 1987

FIRST: The name of the corporation is SMITH HILL ASSOCIATES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Real Estate

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island One Smith Hill, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Leonard Decof	President	One Smith Hill, Prov., RI 02903
Mark B. Decof	Vice President	" " " "
Leonard Decof	Secretary	" " " "
Mark B. Decof	Treasurer	" " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common	PAID	\$1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common	SECY OF STATE	\$1.00

Dated March 19 87

Smith Hill Associates, Inc.

(Name of Corporation)

By

Title Treasurer

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Corporate ID 36116

Annual Report for the year 1986

FIRST: The name of the corporation is Smith Hill Associates, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Real Estate

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) One Smith Hill Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Leonard Decof	Director	Decof & Grimm, One Smith Hill, Providence, RI
Mark Decof	Director	"
	Director	"
Leonard Decof	President	"
Mark Decof	Vice President	"
Leonard Decof	Secretary	"
Mark Decof	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	Common		1.00

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		1.00

Dated: June 16 19 86

Smith Hill Associates, Inc.  
(Name of Corporation)

By Mark B. Decof

Mark B. Decof

Title Vice President

(Report must be signed by an officer)

RECEIVED  
AUG 29 1986

SECY. OF STATE

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040