



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

Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

AUG 19 2019

BY

14659 DS

1. Entity ID Number 000136444		2. Exact name of the Corporation Smittom, Inc.			
3. Principal Office Address 2490 Main Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island to own and operate a retail 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 Michelle Kazan			Vice-President Name		
Street Address 20 Bullfrog Lane			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Richard Forcier			Treasurer Name		
Street Address 20 Bullfrog Lane			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Michelle Kazan			Director Name Richard Forcier		
Street Address 20 Bullfrog Lane			Street Address 20 Bullfrog Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	common	no par value	
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 Michelle Kazan					Date 8-10-19
Signature of Authorized Representative <i>Michelle Kazan</i>					SIGN DOCUMENT HERE