



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 <b>000136444</b>		2. Exact name of the Corporation <b>Smittom, Inc.</b>			
3. Principal Office Address <b>2490 Main Road</b>		City <b>Tiverton</b>		State <b>RI</b>	Zip <b>02878</b>
4. NAICS Code <b>445310</b>		6. Brief description of the character of business conducted in Rhode Island <b>to own and operate a retail business</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michelle Kazan</b>			Vice-President Name		
Street Address <b>20 Bullfrog Lane</b>			Street Address		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
Secretary Name <b>Richard Forcier</b>			Treasurer Name		
Street Address <b>20 Bullfrog Lane</b>			Street Address		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michelle Kazan</b>			Director Name <b>Richard Forcier</b>		
Street Address <b>20 Bullfrog Lane</b>			Street Address <b>20 Bullfrog Lane</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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.					
<b>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.</b>					
Name of Authorized Representative <b>Michelle Kazan</b>					Date <b>8-10-19</b>
Signature of Authorized Representative <i>Michelle Kazan</i> <span style="float: right;">SIGN DOCUMENT HERE</span>					