

Annual Report for the year: 2019 Limited Liability Company

- -> Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

R.I. DEPT. OF STATE BUS SVCS DIV	
3. T	

1. Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company					
925991	Smith	Smith Properties, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island					
531390	Purchase	Purchase, sale and management of real estate.					
5. State of Formation							
RI							
6. Principal Office Address			City	State	Zip		
6 St. Johns Circle			North Providence	RI	02911		
7. Mailing Address of Limited	Liability Compa	any and Name o			•		
Contact Name Alice Smith			Contact Title Member	Contact Title Member			
Street Address 6 St. Johns Circle			City North Providence	State RI	^{Zip} 02911		
8. List ALL managers (name	s and addresse	s) of the Limited	Liability Company, IF APPLICABLE	- DO NOT LIST	MEMBERS		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zip	City	State	Zip		
		<u></u>	-	Check the box to i	ndicate an attachment		
9. Resident Agent in Rhode I	sland. This infor	nation is currently	of record with the Department of State.	Changes require film	ng Form 642.		
Under penalty of perjury, I statements, and that all sta	declare and afi tements conta	irm that I have ined herein are	examined this report, including a true and correct.	ny accompanyin	g schedules and		
Name of Authorized Person				Date	<u></u> -		
Alice Smith							
Signature of Authorized Pers		SIG	N DOCUMENT HERE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED NOV 13 2019 KL PFJMV 8:58