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Annual Report for the year: 2018
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.

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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	l Liability Compa	any and Name or					
Contact Name Alice Smith			Contact Title Member				
Street Address 6 St. Johns Circle			City North Providence	State RI	^{Zip} 02911		
8. List ALL managers (name	es 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				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	l			Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of State.	Changes require fili	ng Form 642.		
	declare and aff	irm that I have	examined this report, including a				
Name of Authorized Person				Date	· · · · · · ·		
Alice Smith				11/8	119		
Signature of Authorized Pers	son	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 1 3 2019

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FORM 632 - Revised: 10/2017