



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 02903-1135
(41) 222-3600

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)

Form with sections: 1. Corporate ID No. 136444; 2. Name of Corporation: Smittom, Inc.; 3. Street Address: 2490 Main Road, Tiverton, RI 02878; 4. Business Phone No: (401) 578-0306; 5. State of Incorporation: RHODE ISLAND; 6. TO OWN AND OPERATE A RETAIL BUSINESS ESTABLISHMENT; 8. NAMES AND ADDRESSES OF THE OFFICERS: President John Smith, Vice President Thomas Nasser; 9. NAMES AND ADDRESSES OF THE DIRECTORS: Director John Smith; 10. SHARES AUTHORIZED: 1,000 NO PAR VALUE; 11. SHARES ISSUED: 200 Common, No Par Value.

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



FILED MAR 10 2005 136446
By [Signature]
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: 3/7/05
Print or Type Name of Officer: JOHN E SMITH
Title of Officer: PRESIDENT



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. 136444		2. Name of Corporation Smittom, Inc.			
3. Street Address (Principal Business Office) 2490 Main Road			City Tiverton	State RI	Zip 02878
4. Business Phone No. (401) 578-0306		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RETAIL BUSINESS ESTABLISHMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Smith			Vice President Name Thomas Nasser		
Street Address 8 North Drive			Street Address 19 Squantum Drive		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
Secretary Name John Smith			Treasurer Name Thomas Nasser		
Street Address 8 North Drive			Street Address 19 Squantum Drive		
City Portsmouth	State RI	Zip 02871	City Middletown	State RI	Zip 02842
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Smith			Director Name		
Street Address 8 North Drive			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name Thomas Nasser			Director Name		
Street Address 19 Squantum Drive			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares 1,000 NO PAR VALUE	Class Series	Par Value	Number of Shares 200	Class Series Common	Par Value No Par Value

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



* 1 3 6 4 4 4 *

File Date 3/17/04

Check No. 12653

By: SC

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 3/10/04

Print or Type Name of Officer
JOHN E SMITH

Title of Officer
PRESIDENT