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

Annual Report for the year: 2020
Corporation

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

1. Entity ID Number <u>1700275</u>		2. Exact name of the Corporation <u>SMSS CORP</u>			
3. Principal Office Address <u>143 RESERVOIR AVE</u>			City <u>Lincoln</u>	State <u>R.I.</u>	Zip <u>02865</u>
4. NAICS Code <u>238330</u>		6. Brief description of the character of business conducted in Rhode Island <u>FLOORING INSTALLERS</u>			
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>SOOTHAIL MARDENLY</u>			Vice-President Name _____		
Street Address <u>143 RESERVOIR AVE</u>			Street Address _____		
City <u>Lincoln</u>	State <u>R.I.</u>	Zip <u>02865</u>	City _____	State _____	Zip _____
Secretary Name _____			Treasurer Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name _____			Director Name _____		
Street Address _____			Street Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
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	
		<u>0</u>			
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 <u>[Signature]</u>					Date <u>2-21-2020</u>
Signature of Authorized Representative <u>[Signature]</u>					FILED

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BY [Signature] 128