State of Rhode Isla	Filing Number: 202035344090 nd and Providence Plantations of State - Business Services Di	Date: 2/24/2020 4:	00:00 PM	
nual Report for the	e year:	-		•
<ul><li>Filing period: January</li><li>Filing Fee: \$50.00</li><li>Penalty: Additional \$25</li></ul>	y 1 - March 1 5.00 fee if form is not filed by April 1.			
Entity ID Number 00096288	2. Exact name of the Corporation BILL SMITH BUILDING (	COMPANY, INC.		
Principal Office Address		City	State	Zip

1. Entity ID Number 000096288		2. Exact name of the Corporation BILL SMITH BUILDING COMPANY, INC.							
Principal Office Address     S51 Liberty Lane, Unit 1A			City West Kings	ton	State RI	Zip 02892			
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island  To engage in the business of general residential and commercial construction.							
5. State of Incorporation Rhode Island									
7. List ALL officers (names a	nd addresses)			Che	eck the box to indic	cate an attachment [			
President Name William Smith			Vice-President Name William Smith						
Street Address 351 Liberty Lane, Unit 1A			Street Address 351 Liberty Lane, Unit 1A						
City West Kingston	State RI	Zip 02892	City West Kingston		State RI	Zip 02892			
Secretary Name Amy Smith		I	Treasurer Name						
Street Address 351 Liberty Lane, Unit 1A			Street Address						
City West Kingston	State RI	Zip 02892	City		State	Zıp			
8. List ALL directors (names	and addresses)		1	Che	eck the box to indi	cate an attachment I			
Director Name	<u></u>		Director Name						
Street Address			Street Address	5					
City	State	Žip	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address	S					
City	State	Zip	City		State	Zip			
9 Shares Authorized		10 Shares Iss		ed Check the box to indicate an attachm					
This information is currently o	of record in the		NUMBER OF SHARES		ERIES	PAR VALUE			
Department of State.		1,000		CNP		\$0.00			
Changes require an additional									
11 This report must be exec	uted on behalf of the	corporation by an	authorized repres	sentative. If the co	orporation is in the	hands of a receiver			
trustee, this report must be e Under penalty of perjury, I	declare and affirm	that I have examin	ed this report, i	ustee. ncluding any ac	companying sch	edules and			
statements, and that all sta Name of Authorized Represe		<u>nerein are true ai</u>	nd correct.	<del></del>	Date				
William Smith, President			2/19/2020			9/2020			
Signature of Authorized Rep	resentative	SIGN DO	CUMENT HERE	FILED		-			
Mulling	41111/1			EB 2 4 2020					
MAIL TO: Division of Business Services			• 1	בט ב ז בטבט	KM				
DIVISION OF BUSINESS SERVICES					•				

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri gov by 1525