



Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED**  
**STAMP**  
 JUN 17 2020  
 BY B. Bluff

1. Entity ID Number <b>000054564</b>		2. Exact name of the Corporation <b>Smithfield Gardens Condominium Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Manage the affairs of the condominium association.</b>			
4. NAICS Code <b>813990 - Other Similar Or</b> <input type="checkbox"/>					
6. Principal Office Address <b>181 Knight Street</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William Miller</b>			Vice-President Name <b>Dennis O'Keefe</b>		
Street Address <b>79 Ivan Street, #15</b>			Street Address <b>1060 Park Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>William Diahn</b>			Treasurer Name <b>William Diahn</b>		
Street Address <b>1 Eric Place, #7</b>			Street Address <b>1 Eric Place, #7</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>William Miller</b>			Director Name <b>William Diahn</b>		
Street Address <b>79 Ivan Street, #15</b>			Street Address <b>1 Eric Place, #7</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Director Name <b>Dennis O'Keefe</b>			Director Name		
Street Address <b>1060 Park Avenue</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>William Miller, President</b>				Date <b>5/26/20</b>	
Signature of Officer/Authorized Representative <i>William Miller</i>				SIGN DOCUMENT HERE	