

State of Rhode Island  
Department of State - Business Services Division

Annual Report  
Non-Profit Corporation  
Filing period: 1 - June 30

→ Filing period: Annual \$25.00 fee if form is not filed by July 30.

Year: 2019-2020

FILED

JUL 30 2020

BY: 015251 DS

1. Entity ID Number 18043		2. Exact name of the Corporation Smith Hill Community Development Corporation	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non-profit affordable housing + community development	
4. NAICS 624229			
6. Principal Office Address 400 Smith Street		City Providence	State RI Zip 02908
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Garrett Bliss		Vice-President Name Heather Gaydes	
Street Address 8 Rhode Island Ave		Street Address 8 Esten Street	
City Providence	State RI Zip 02906	City Providence	State RI Zip 02908
Secretary Name Valentina Ademora		Treasurer Name Patrick Readdy	
Street Address 444 River Ave.		Street Address 206 Candace St.	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02908
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 type="checkbox"/></span>			
Director Name Jean Lamb		Director Name Justin Boias	
Street Address 400 Smith Street		Street Address 48 Malvern Street	
City Providence	State RI Zip 02908	City Providence	State RI Zip 02904
Director Name Ian Budish		Director Name	
Street Address 363 Orms Street		Street Address	
City Providence	State RI Zip 02908	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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Jean Lamb, Executive Director			Date 7-21-20
Signature of Officer/Authorized Representative <i>Jean Lamb</i>			