



State of Rhode Island
Department of State - Business Services Division

Providence Plantations

Annual Report for the year: 2019-2020
 Non-Profit Corporation - June 30

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

FILED

JUL 30 2020

BY: 015251 DS

1. Entity ID Number <u>18043</u>		2. Exact name of the Corporation <u>Smith Hill Community Development Corporation</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>non-profit affordable housing + community development</u>	
4. NAICS <u>62429</u>			
6. Principal Office Address <u>400 Smith Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Garrett Bliss</u>		Vice-President Name <u>Heather Gaydes</u>	
Street Address <u>8 Rhode Island Ave</u>		Street Address <u>8 Esten Street</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02908</u>
Secretary Name <u>Valentina Ademova</u>		Treasurer Name <u>Patrick Readdy</u>	
Street Address <u>444 River Ave.</u>		Street Address <u>206 Candace St.</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02908</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Jean Lamb</u>		Director Name <u>Justin Roias</u>	
Street Address <u>400 Smith Street</u>		Street Address <u>48 Malvern Street</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02904</u>
Director Name <u>Ian Budish</u>		Director Name	
Street Address <u>363 Orms Street</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	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.			
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.			
<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 <u>Jean Lamb, Executive Director</u>			Date <u>7-21-20</u>
Signature of Officer/Authorized Representative <u>Jean Lamb</u>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov