	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business		
	148 W. River S Providence RI 0290		
HOPE	(401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp nin thirty (30) days after the time presc n penalty fee of \$25.00.		
ANNUAL REPORT YEAR	:: <u>2020</u>		
1. ID No. <u>00053609</u>	<u>02</u>		
2. Exact Name of the Limited Liability Company <u>SMD ASSOCIATES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary re information on <u>NAICS</u> can be found	-	he entity. Download
4. Brief Description of the	he Character of the Business Which	is Actually Conducted	l in Rhode Island
	he Character of the Business Which	-	I in Rhode Island
	O SELL REAL ESTATE AND PER	-	I in Rhode Island
OWN, MANAGE AND	O SELL REAL ESTATE AND PER	-	I in Rhode Island
OWN, MANAGE AND	O SELL REAL ESTATE AND PER ess 1EMORIAL BLVD, 2ND FLOOR	-	
OWN, MANAGE AND 5. Principal Office Addr No. and Street: <u>43 B M</u> City or Town: <u>NEWP</u>	O SELL REAL ESTATE AND PER ess 1EMORIAL BLVD, 2ND FLOOR	SONAL PROPERTY State: <u>RI</u> Zip: <u>028</u>	340 Country: <u>USA</u>
OWN, MANAGE AND 5. Principal Office Addre No. and Street: <u>43 B M</u> City or Town: <u>NEWP</u> 6. Mailing Address of L Contact Name: <u>JOSEP</u>	O SELL REAL ESTATE AND PER ess IEMORIAL BLVD, 2ND FLOOR ORT imited Liability Company and Name H H. OLAYNACK, III, ESQ. Contact Ti	SONAL PROPERTY State: <u>RI</u> Zip: <u>028</u> or Title of Contact Pe	<u>340</u> Country: <u>USA</u>
OWN, MANAGE AND 5. Principal Office Addre No. and Street: <u>43 B M</u> City or Town: <u>NEWP</u> 6. Mailing Address of L Contact Name: <u>JOSEP</u>	O SELL REAL ESTATE AND PER ess IEMORIAL BLVD, 2ND FLOOR ORT imited Liability Company and Name H H. OLAYNACK, III, ESQ. Contact Ti EMORIAL BLVD., 2ND FLOOR	SONAL PROPERTY State: <u>RI</u> Zip: <u>028</u> or Title of Contact Pe	340 Country: <u>USA</u> rson:
OWN, MANAGE AND 5. Principal Office Address No. and Street: 43 B M City or Town: NEWP 6. Mailing Address of Lit Contact Name: JOSEP No. and Street: 43 B M City or Town: NEWP	O SELL REAL ESTATE AND PER ess IEMORIAL BLVD, 2ND FLOOR ORT imited Liability Company and Name H H. OLAYNACK, III, ESQ. Contact Ti EMORIAL BLVD., 2ND FLOOR ORT	SONAL PROPERTY State: <u>RI</u> Zip: <u>028</u> or Title of Contact Pe tle: State: <u>RI</u> Zip: <u>028</u>	340 Country: <u>USA</u> rson: 340 Country: <u>USA</u>
OWN, MANAGE AND 5. Principal Office Address No. and Street: 43 B M City or Town: NEWP 6. Mailing Address of L Contact Name: JOSEP No. and Street: 43 B M City or Town: NEWP 6. Mailing Address of L Contact Name: JOSEP No. and Street: 43 B M City or Town: NEWP 7. Name and Address of Newp	O SELL REAL ESTATE AND PER ess IEMORIAL BLVD, 2ND FLOOR ORT imited Liability Company and Name H H. OLAYNACK, III, ESQ. Contact Ti EMORIAL BLVD., 2ND FLOOR ORT	SONAL PROPERTY State: <u>RI</u> Zip: <u>028</u> or Title of Contact Pe tle: State: <u>RI</u> Zip: <u>028</u>	340 Country: <u>USA</u> rson: 340 Country: <u>USA</u> icable.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH H. OLAYNACK III, ESQ. 43 MEMORIAL BOULEVARD, SECOND FLOOR NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of October, 2020 at 9:36:25 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH H. OLAYNACK, III, ESQ. Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved