



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

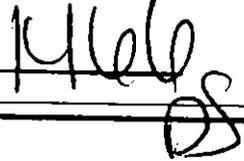
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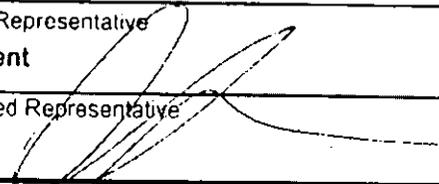
Annual Report for the year: **2021**

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.

JUL 21 2021

BY Melo 

1. Entity ID Number 000054564		2. Exact name of the Corporation Smithfield Gardens Condominium Association Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga:					
6. Principal Office Address 181 Knight Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dennis O'Keefe			Vice-President Name		
Street Address 1060 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Renee Blais			Treasurer Name William Diahn		
Street Address 422-6 Smithfield Avenue			Street Address 1 Eric Place #7		
City Pawtucket	State RI	Zip 02860	City North Providence	State RI	Zip 02911
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 Dennis O'Keefe			Director Name Renee Blais		
Street Address 1060 Park Avenue			Street Address 422-6 Smithfield Avenue		
City Cranston	State RI	Zip 02910	City Pawtucket	State RI	Zip 02860
Director Name William Diahn			Director Name		
Street Address 1 Eric Place #7			Street Address		
City North Providence	State RI	Zip 02911	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 Dennis O'Keefe, President				Date 7/14/21	
Signature of Officer/Authorized Representative 					

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