RI SOS Filing Number: 202102623790 Date: 10/4/2021 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by December 1.

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1. Entity ID Number	2. Exact name of the Limited Liability Company							
001675748	SMITHS, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
412990	RETAIL							
5. State of Formation RHOST TSCANUS								
6. Principal Office Address	*		Çity	State	Zip			
100 OLD BOSTON NECK RA			NATRAGASEH	RI	28820			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name MATIMEN	SMITH	Contact Title OWNEZ						
Street Address 100 OCA	BOSTON WH	ECIC RA	City NARRALANSETT	State RT	Zip OZERZ			
8. List ALL managers (names ar	nd addresses) of th	ne Limițed Liab	ility Company, IF APPLICABLE - D		EMBERS			
Manager Name		Маларег Name						
Şireet Address		Street Address						
City	Ştate	Z ip	City	State	Zip			
Manager Name		Manager Name						
Street Address		Street Address						
City	Ştate	Z ip	City	Ştatę	Zip			
Check the box to indicate an attachment								
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.								
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.								
Name of Authorized Person MATIMEN J. SMITH Oate 9/30/2/								
Signature of Authorized Person								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov