RI SOS Filing Number: 202103038520 Date: 10/12/2021 4:00:00 PM

State of Rhode Island
Department of State – Business Services Division

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BY

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

1. Entity ID No.	2. Exact name of the Limited Liability Company
127963	Smile, LLC
3. NAICS Code: 531190	4. Brief description of the character of business conducted in Rhode Island: real estate holding company
5. State of Formation: Rhode Island	

6. Principal Office Address	City	State	Zip
1 Thurber Blvd.	Smithfield	RI	02917

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

William R. Conroy, Jr.					
Street Address: 1 Thurber Blvd.					
City: Smithfield	State: RI	Zip: 02917			

8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE – DO NOT LIST MEMBERS

Manager Name			Manager Name		
William R. Conroy, Jr.			Kristofer Haggarty		
Street Address: 1 Thurber Blvd.			Street Address: 1 Thurber Blvd.		
City: Smithfield	State: RI	Zip: 02917	City: Smithfield	State: RI	Zip: 02917
Manager Name: Bakhoum M. Girgis			Manager Name		
Street Address: 1 Thurber Blvd.			Street Address		
City: Smithfield	State: RI	Zip: 02917	City	State	Zip

Check the box to indicate an attachment ☐

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of 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.

Signature of Authorized Person — Date: 09/16/2021

Bakhoum Girgis
Name of Authorized Person

MAIL TO:
Division of Business Services
148 W. River Street, Providence, RI 02904-2615
Phone: 401.222.3040
Website: www.sos.ri.gov