



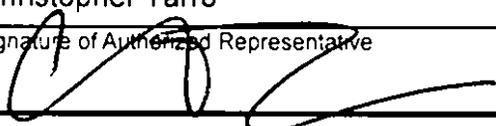
State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

- Filing period February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 06 2022
BY 1134
DS

1. Entity ID Number 001723784		2. Exact name of the Corporation The Smithfield Group, Inc.			
3. Principal Office Address 28 Sophia Lane			City Greenville	State RI	Zip 02828
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island Health and Wellness Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Tarro			Vice-President Name Christopher Tarro		
Street Address 28 Sophia Lane			Street Address 28 Sophia Lane		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Christopher Tarro			Treasurer Name Christopher Tarro		
Street Address 28 Sophia Lane			Street Address 28 Sophia Lane		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Tarro			Director Name None		
Street Address 28 Sophia Lane			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Christopher Tarro					Date 4/19/2022
Signature of 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