

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

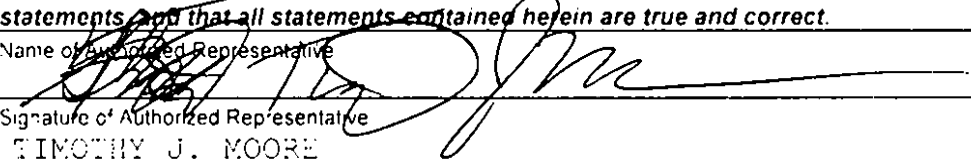
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

AUG 01 2022

11419.02

1. Entity ID Number 001697521		2. Exact name of the Corporation SMITH MCCORD, INC.			
3. Principal Office Address P O BOX 286			City CENTER HARBOR	State NH	Zip 03226
4. NAICS Code 236200		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING			
5. State of Incorporation NY					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
President Name TIMOTHY J. MOORE			Vice-President Name		
Street Address P O BOX 286			Street Address		
City CENTER HARBOR	State NH	Zip 03226	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
Director Name :			Director Name		
Street Address :			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment: <input type="checkbox"/>			
		NUMBER OF SHARES 50		CLASS/SERIES	
		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 					Date 6/17/22
Signature of Authorized Representative TIMOTHY J. MOORE					

MAIL TO:

Division of Business Services

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

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