



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

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| 1. Entity ID Number 000100234 | | 2. Exact name of the Corporation SMITH HILL REALTY CORPORATION | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island To hold title to property for the Rhode Island AFL-CIO, an exempt organization. | | | |
| 4. NAICS Code 813930 - Labor Unions and Si | | | | | |
| 6. Principal Office Address 194 Smith Street | | City Providence | | State RI | Zip 02908 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name George H. Nee | | | Vice-President Name | | |
| Street Address 194 Smith St. | | | Street Address | | |
| City Providence | State RI | Zip 02908 | City | State | Zip |
| Secretary Name Patrick M. Crowley | | | Treasurer Name Patrick M. Crowley | | |
| Street Address 194 Smith St. | | | Street Address 194 Smith St. | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| 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 George H. Nee | | | Director Name Patrick M. Crowley | | |
| Street Address 194 Smith Street | | | Street Address 194 Smith St. | | |
| City Providence | State RI | Zip 02908 | City Providence | State RI | Zip 02908 |
| Director Name Cheryl A. Masciarelli | | | Director Name | | |
| Street Address 194 Smith St. | | | Street Address | | |
| City Providence | State RI | Zip 02908 | City | State | Zip |
| 9. The Registered Agent information of record with the RI Department of State is accurate. 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small> | | | | | |
| Name of Officer/Authorized Representative George H. Nee | | | | Date 2/1/2023 | |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

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