



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

FEB 06 2025
BY 15817

AA

1. Entity ID Number 136444		2. Exact name of the Corporation Smittom, Inc.			
3. Principal Office Address 2490 Main Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island to own and operate a retail business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alisha Kazen			Vice-President Name		
Street Address 3581 Main Rd.			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Secretary Name Amanda L. Kazen			Treasurer Name		
Street Address 3581 Main Rd.			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alisha Kazen			Director Name Amanda L. Kazen		
Street Address 3581 Main Rd.			Street Address 3581 Main Rd.		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/STILLS common	PAR VALUE 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. <u>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.</u>					
Name of Authorized Representative Alisha Kazen, President				Date 1/30/25	
Signature of Authorized Representative 					