



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

| | | | | | |
|---|--------------------|---|---|---|--------------------------|
| 1. Entity ID Number 526054 | | 2. Exact name of the Corporation SMG INC db/a Aquidneck Employment Services | | | |
| 3. Principal Office Address 4 ALGONQUIN DR. ALGONQUIN | | City MIDDLETOWN | State RI | Zip 02842 | |
| 4. NAICS Code 999999 | | 6. Brief description of the character of business conducted in Rhode Island TEMPORARY STAFFING - ADMINISTRATIVE | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name BRIAN GARVEY BRIAN GARVEY | | | Vice-President Name SUE GARVEY | | |
| Street Address 4 ALGONQUIN DR | | | Street Address 4 ALGONQUIN DR | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| Secretary Name N/A | | | Treasurer Name N/A | | |
| 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 N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name N/A | | | Director Name N/A | | |
| 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 0 | CLASS/SERIES | PAR VALUE 0.01 |
| 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 Brian P. Garvey | | | | Date 9/26/19 | |
| Signature of Authorized Representative | | | | FILED SIGN DOCUMENT HERE SEP 30 2019 BY 35VS3 AA | |

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