



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

Annual Report for the year: **2021**
 Corporation

FEB 10 2021

01471

- 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 65027		2. Exact name of the Corporation SMART MANAGEMENT, INC.				
3. Principal Office Address 66 Pavilion Avenue			City Providence	State RI	Zip 02905	
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island To engage in the business of management and consulting services and any other lawful purpose				
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 David L. Piccoli, II			Vice-President Name			
Street Address 66 Pavilion Avenue			Street Address			
City Providence	State RI	Zip 02905	City	State	Zip	
Secretary Name Heather Camara			Treasurer Name David L. Piccoli, II			
Street Address 66 Pavilion Avenue			Street Address 66 Pavilion Avenue			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name David L. Piccoli, II			Director Name			
Street Address Same as above			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				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	
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 Heather Camara					Date 1/11/21	
Signature of Authorized Representative <i>Heather Camara</i> SIGN DOCUMENT HERE						

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov