



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 11677		2. Exact name of the Corporation D. Simpson Manufacturing, Inc.			
3. Principal office address 132 Old River Road, Ste. 205		City Lincoln		State RI	Zip 02865
4. Business Phone No. 401-333-6300		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in any and all aspects of manufacturing and precision metal parts business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donald Simpson			Vice-President Name Linda Simpson		
Street Address 14 Sylvia Lane			Street Address 14 Sylvia Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name			Treasurer Name Donald Simpson		
Street Address			Street Address 14 Sylvia Lane		
City	State	Zip	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Donald Simpson			Director Name Linda Simpson		
Street Address 14 Sylvia Lane			Street Address 14 Sylvia Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	NO PAR

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

JAN 09 2013

BY MMC
CR #52585

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.

Linda Simpson 1-3-13
Signature of Authorized Representative Date

Donald Simpson

Print or Type Name of Authorized Representative

Donald Simpson