



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

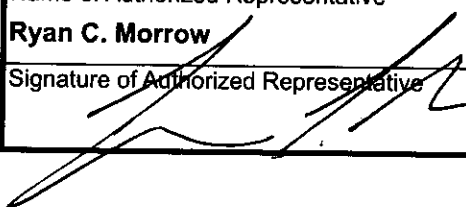
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2016 JUL 20 AM 8:11

SECRETARY OF STATE
BUSINESS SERVICES DIV

1. Entity ID Number 131003		2. Exact name of the Corporation Simpson Bros. Auto Sales & Service Inc.			
3. Principal Office Address 9 Industrial Dr		City Exeter		State RI	Zip 02822
4. Business Phone Number 401.397.2700		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Sales of used cars and light duty trucks					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ryan C. Morrow			Vice-President Name Ryan C Morrow		
Street Address 11 George Street			Street Address 11 George Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Ryan C Morrow			Treasurer Name Ryan C. Morrow		
Street Address 11 George Street			Street Address 11 George Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ryan C. Morrow			Director Name Ryan C. Morrow		
Street Address 11 George Street			Street Address 11 George Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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	
		100		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. 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 Ryan C. Morrow				Date 7/19/2016	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					

FILED

JUL 20 2016

By 279429

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov