



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

Annual Report for the year: 2017
Corporation

- 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 796229		2. Exact name of the Corporation SIMA DRILLING COMPANY, INC.			
3. Principal Office Address 150 School House Road			City Cheshire	State CT	Zip 06410
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island General well drilling trade			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James M. Sima			Vice-President Name Robert A. Sima		
Street Address 180 Birch Street			Street Address PO Box 586		
City Cheshire	State CT	Zip 06410	City Marion	State CT	Zip 06444
Secretary Name Lawrence J. Sima			Treasurer Name Raymond C. Sima		
Street Address 318 DeFashion Street			Street Address 1427 Cheshire Street		
City Cheshire	State CT	Zip 06410	City Cheshire	State CT	Zip 06410
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
			none	CWP	\$10.00
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 James M. Sima, President				Date 11/6/17	
Signature of Authorized Representative <i>James M. Sima</i>				FILED	
SIGN DOCUMENT HERE					
JAN 13 2017					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY *[Signature]*