



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 <b>11677</b>		2. Exact name of the Corporation <b>D. SIMPSON MANUFACTURING, INC.</b>			
3. Principal Office Address <b>132 OLD RIVER ROAD, SUITE 205</b>		City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>31-33 - Manufacturing</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN ANY AND ALL ASPECTS OF MANUFACTURING AND PRECISION METAL PARTS BUSINESS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>DONALD SIMPSON</b>			Vice-President Name <b>LINDA SIMPSON</b>		
Street Address <b>100 EXCHANGE STREET, PH1</b>			Street Address <b>100 EXCHANGE STREET, PH1</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>DONALD SIMPSON</b>			Director Name <b>LINDA SIMPSON</b>		
Street Address <b>100 EXCHANGE STREET, PH1</b>			Street Address <b>100 EXCHANGE STREET, PH1</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>COMMON</b>	<b>NO PAR</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>DONALD SIMPSON, PRESIDENT</b>			Date <b>1-20-17</b>		
Signature of Authorized Representative <i>Donald Simpson</i>			<b>FILED</b> <b>FEB 03 2017</b>		

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 002224  
*[Signature]*