



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2015

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2017 APR -4 PM 12:19

1. Entity ID Number <u>140868</u>		2. Exact name of the Corporation <u>SIMON SAYZ FIX IT, INC.</u>			
3. Principal Office Address <u>112 MOORE ST.</u>		City <u>PROVIDENCE</u>		State <u>RI</u>	Zip <u>02907</u>
4. NAICS Code <u>23</u>		6. Brief description of the character of business conducted in Rhode Island <u>GENERAL CONTRACTOR</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>SIMON REYES</u>			Vice-President Name <u>NONE</u>		
Street Address <u>112 MOORE ST.</u>			Street Address		
City <u>PROV.</u>	State <u>RI</u>	Zip <u>02907</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
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 <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			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 <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>100</u>		
			<u>COMMON</u>		
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 <u>SIMON REYES</u>					Date <u>4-3-17</u>
Signature of Authorized Representative <u>[Signature]</u>					

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

APR 04 2017

BY CU 300111

FORM 630 - Revised: 02/2017