



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 SEP - 5 PM 1:09

1. Entity ID Number <u>000011558</u>		2. Exact name of the Corporation <u>C. A. SIMMONS ASSOCIATES INC</u>			
3. Principal Office Address <u>282 MORRIS AVE</u>		City <u>PROV</u>		State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>531311</u>	6. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE MANAGEMENT CONSULTING SERVICES</u>				
5. State of Incorporation <u>R.I.</u>		531311			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>LYNTHIA A. SIMMONS</u>			Vice-President Name		
Street Address <u>282 MORRIS AVE</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02906</u>	City	State	Zip
Secretary Name <u>LYNTHIA A. SIMMONS</u>			Treasurer Name <u>NONE</u>		
Street Address <u>SAME</u>			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <u>NONE</u>			Director Name		
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			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES <u>4,000</u>	CLASS/SERIES	PAR VALUE <u>0</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>[Signature]</u>					Date <u>9/5/17</u>
Signature of Authorized Representative					

FILED

SIGN DOCUMENT HERE
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