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

Annual Report for the year: 2018
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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1. Entity ID Number	2. Exact name of the Corporation		
000080747	Simon's Supply Co., Inc.		
3. Principal Office Address: 821 Cambridge Street	City: Fall River	State: MA	Zip: 02721
4. NAICS Code: 444110	6. Brief description of the character of business conducted in Rhode Island: The retail and wholesale selling of plumbing and heating supplies, electrical supplies, hardware, paints, oils and roofing materials.		
5. State of Incorporation: Massachusetts			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Lloyd Felder			Vice-President Name: N/A		
Street Address: 4 W. Rockland Farm			Street Address:		
City: Dartmouth	State: MA	Zip: 02748	City:	State:	Zip:
Secretary Name: Frederic Felder			Treasurer Name: Lloyd Felder		
Street Address: 30 Miles Avenue			Street Address: 4 W. Rockland Farm		
City: Providence	State: RI	Zip: 02906	City: Dartmouth	State: MA	Zip: 02748

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Lloyd Felder			Director Name: Frederic Felder		
Street Address: 4 W. Rockland Farm			Street Address: 30 Miles Avenue		
City: Dartmouth	State: MA	Zip: 02748	City: Providence	State: RI	Zip: 02906
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2460	Common	without 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	Date
Lloyd Felder, President and Treasurer	9/11/07

Signature of Authorized Representative

SIGN DOCUMENT HERE

FILED

SEP 13 2017 10:24

BY 312330

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

FORM 630 - Revised: 08/2017