



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

Annual Report for the year: **2014**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
RI DEPT. OF STATE
BUS. SERVICES DIV.
2017 SEP 13 AM 10:00
0272

1. Entity ID Number 000080747		2. Exact name of the Corporation Simon's Supply Co., Inc.			
3. Principal Office Address 821 Cambridge Street			City Fall River	State MA	Zip 02723
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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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			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		
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 Lloyd Felder, President and Treasurer					Date 9/11/17
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

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BY M 312330

FORM 630 - Revised: 08/2017