



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2011**  
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  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 SEP 13 AM 10:00  
 0272

1. Entity ID Number <b>000080747</b>		2. Exact name of the Corporation <b>Simon's Supply Co., Inc.</b>			
3. Principal Office Address <b>821 Cambridge Street</b>			City <b>Fall River</b>	State <b>MA</b>	Zip <b>02722</b>
4. NAICS Code <b>444110</b>	6. Brief description of the character of business conducted in Rhode Island <b>The retail and wholesale selling of plumbing and heating supplies, electrical supplies, hardware, paints, oils and roofing materials.</b>				
5. State of Incorporation <b>Massachusetts</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Lloyd Felder</b>			Vice-President Name <b>N/A</b>		
Street Address <b>4 W. Rockland Farm</b>			Street Address		
City <b>Dartmouth</b>	State <b>MA</b>	Zip <b>02748</b>	City	State	Zip
Secretary Name <b>Frederic Felder</b>			Treasurer Name <b>Lloyd Felder</b>		
Street Address <b>30 Miles Avenue</b>			Street Address <b>4 W. Rockland Farm</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Dartmouth</b>	State <b>MA</b>	Zip <b>02748</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Lloyd Felder</b>			Director Name <b>Frederic Felder</b>		
Street Address <b>4 W. Rockland Farm</b>			Street Address <b>30 Miles Avenue</b>		
City <b>Dartmouth</b>	State <b>MA</b>	Zip <b>02748</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
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.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>2460</b>	<b>Common</b>	<b>without par value</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.					
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 <b>Lloyd Felder, President and Treasurer</b>					Date <b>9/11/17</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE <b>FILED</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

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BY 312330

FORM 630 - Revised: 08/2017