



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2010**  
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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RECEIVED  
R.I. DEPT. OF STATE  
BUS. SVCS. DIV.

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>02721</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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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		
			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. <b>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.</b>					
Name of Authorized Representative <b>Lloyd Felder, President and Treasurer</b>				Date <b>9/10/17</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

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