



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2003**
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. SVC. DIV.
 2017 SEP 13 AM 10:01
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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 02722									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>2460</td> <td>Common</td> <td>without par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2460	Common	without par value			
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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 Lloyd Felder, President and Treasurer					Date 9/14/17									
Signature of Authorized Representative 			SIGN DOCUMENT HERE FILED 10:09											

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

SEP 13 2017

BY CU 312330

FORM 630 - Revised: 08/2017