RI SOS Filing Number: 201855972030 Date: 1/10/2018 4:00:00 PM

Annual Report for the year: 201		18	8		FILED ()		
Corporation			- JAN 1 0 2018				
<ul> <li>→ Filing period: January 1 - March 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>			BY				
Entity ID Number		of the Corporation					
11668	Simplex Engine & Machine, Inc.						
3. Principal Office Address	<u> </u>		City	- <del> </del>	State	Zip	
1011 Westminster Street				Providence		02903-0000	
4. NAICS code  5. State of Incorporation  RI		ption of the characte elling, repairing a		onducted in Rhode Isla automotive parts	and		
7. List ALL officers (names and addresses)  Check the box to indicate an atta						icate an attachment	
President Name Stephen M. Clair			Vice-President Name Bradford J. Clair				
Street Address 1011 Westminster Street			Street Address 1011 Westminster Street				
City Providence	State RI	02903-	City Providence		State RI	Zip 02903-	
Secretary Name Bradford J. Clair			Stephen M. Clair				
Street Address 1011 Westminster Street			Street Address 1011 Westminster Street				
City Providence	State RI	Zip 02903-	City Providence		State RI	Zip 02903-	
8. List ALL directors (names and ac	dresses)		Director Name		e box to ind	dicate an attachment	
Director Name Stephen M. Clair				rd J. Clair			
Street Address 1011 Westminster Street			Street Address 1011 Westminster Street				
City Providence	State RI	Zip 02903-	City Providence		State RI	Zip 02903-	
Director Name Donald F. Clair			Director Name none				
Street Address 1011 Westminster Street			Street Address none				
City Providence	State RI	Zip 02903-	City none		State non	Zip none	
9. Shares Authorized This information is currently of record in the					heck the box to indicate an attachment  //SERIES PAR VALUE		
Department of State.  Changes require an additional filing.		Hawaga or					
			100 Comr		Notal		
11. This report must be executed o	n behalf of the	corporation by an a	<u> </u>	entative. If the corpora	ition is in the	e hands of a receiver or	
trustee, this report must be execute Under penalty of perjury, I declar	ed on behalf of re and affirm ti	the corporation by t hat I have examine	he receiver or tr d this report, in	u <u>stee.</u>			
statements, and that all statements contained herein are true and Name of Authorized Representative			i correct.	prrect. Date			
Stephen M. Clair	·		esident		1/02/2018		
Signature of Authorized Represent	ative				-	··	
Seel MCla			· · · ·				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov