



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(1)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 11685		2. Name of Corporation Myron F. Simmons, Inc.			
3. Street Address Principal Business Office 14 Pottersville Rd., P.O. Box 527			City Little Compton	State RI	Zip 02837
4. Business Phone No. 401-635-4857		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Remodeling of Homes and Repairs - Carpentry and Painting 230/18					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Myron F. Simmons			Vice President Name		
Street Address 14 Pottersville Rd., P.O. Box 527			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Secretary Name Phoebe Simmons			Treasurer Name Dean Simmons		
Street Address 14 Pottersville Rd., P.O. Box 527			Street Address 1677 Crandall Rd.		
City Little Compton	State RI	Zip 02837	City Tiverton	State RI	Zip 02878
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1,000	Class/Series Common	Par Value No Par

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.

FILED

FEB 06 2019

File Date _____	BY 20200 DS
Check No. _____	
By: _____	
FOR SECRETARY OF STATE USE ONLY	

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.

Myron F. Simmons **2/4/19**
Signature Date
Myron F. Simmons
Print or Type Name
President
Title