

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	ON ANNUAL REPORT FOR THE VE	R
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Providence, RI 02903-1335 401-222-3010

Filing Period: January 1 - 1 (FORM MUST BE TYPED OR PRI		Fee: \$50.00					
1. Gorporate ID No.	2. Name of Corporation						
139055	SIMMONS MASONRY, INC.						
3. Street Address Principal Business Office 475 Old Mill Road			Cuy Charlestown	State	7(p		
1 Business Phone No. 5. State of Incorporation			Charlestown	RI	02813		
364-1620		RHODE ISLAND			6 SIC Gode		
7. Brief Description of the Character of Business Conducted in Rhode Island TO GENERALLY ENGAGE IN THE BUSINESS OF RESIDENTIAL AND			COMMERCIAL MASONRY SE	DVICES			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name			CHMENT) [ FILL IN SPA : Vice President Name	ACES BEFORE USING	ATTACHMENTS		
Kenneth Simmons			Jesse Simmons				
Street Address 475 Old Mill Road			Sirect Address 260 Buckeye Brook Road				
City	State	Zip	City	State	Zip		
Charlestown	RI	02813	Charlestown	RI	02813		
Secretary Name			Treasurer Name	••••••••••	•••••••••••••••••••••••••••••••••••••••		
Kenneth Simmons			Jesse Simmons				
Street Address		<del>-</del>	Sinci Addres				
475 Old Mill Roa	ad		260 Buckeye Brook Road				
City	State	Zip	City	State	Zip		
Charlestown	RI	02813	Charlestown	RI	02813		
9. NAMES AND ADDRESSE	S OF THE DIRECTOR	S: ("X" BOX FOR ATI	ACHMENT)     FILL IN S	PACES BEFORE USIN	NG ATTACHMENTS		
Director Name			Director Name				
Kenneth Simmons			Jesse Simmons				
Street Address			Street Address				
475 Old Mill Roa	<u>ad</u>		260 Buckeye Brook Road				
Chy	State	Z(p	City	State	Zip		
Charlestown	RI	02813	Charlestown	RI	02813		
Director Name	•	******************************	Director Name	***************************************	••••••		
Since Address			Street Address				
City	State	Zip	City-	State	Zip		
10 CHARLE ALTEROPER		<u> </u>		1			
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	ICHMENT) [	11. SHARES ISSUED ("X	" BOX FOR ATTACH	MENT')		
AUTHORIZED SHARES	<del></del> ·		ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
1,000 NO PAR VALUE			600	Common	No par		
This report must be	signed in ink by eithe	er the President, Vice Pr	Tesident, Secretary, Assistant	Secretary, Treasurer, I	Receiver or Trustee		
			•	•			
		<b>  [   ]                                 </b>					
		Under papalty of paring	ler penalty of perjury, I declare and affirm that I have examined this report,				
	*139055	•					
	, <u> </u>		including any accompanying schedules and statements, and that all statements contained herein are true and correct.				
File Date			Kennett	1	سے ہر کیا ہوا		
	1/ //		Signature of Officer	Summer	1-17-03		
CARRAGO STATE AND COL	The many was	1	The state of the s				
	The second		Print or Type Name of Of				
FOR SECRETARY OF S	TATE USE ONLY		President				

Title of Officer