



State of Rhode Island

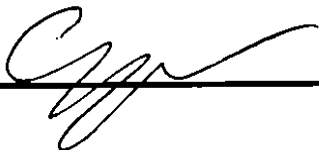
## Department of State - Business Services Division

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

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 Annual Report for the year: 2012  
 Limited Liability Company

- Filing period: September 1 - November 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

|  |       |  |      |                          |                     |
|--|-------|--|------|--------------------------|---------------------|
| 1. Entity ID Number<br><u>000121291</u>  |       | 2. Exact name of the Limited Liability Company<br><u>Simpson Realty LLC</u>  |      |                          |                     |
| 3. NAICS Code<br><u>531110</u>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Commercial Real Estate owned and rented out to tenants</u> |      |                          |                     |
| 5. State of Formation<br><u>RI</u>   |       |  |      |                          |                     |
| 6. Principal Office Address<br><u>610 Snakehill Road</u>   |       | City<br><u>Harrisville</u>   |      | State<br><u>RI</u>       | Zip<br><u>02830</u> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |       |  |      |                          |                     |
| Contact Name<br><u>Craig Simpson</u>   |       | Contact Title<br><u>President, owner</u>   |      |                          |                     |
| Street Address<br><u>P.O. Box 656</u>  |       | City<br><u>Slaterville</u>   |      | State<br><u>RI</u>       | Zip<br><u>02876</u> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |       |  |      |                          |                     |
| Manager Name   |       | Manager Name   |      |                          |                     |
| Street Address   |       | Street Address   |      |                          |                     |
| City   | State | Zip  | City | State                    | Zip                 |
| Manager Name   |       | Manager Name   |      |                          |                     |
| Street Address   |       | Street Address   |      |                          |                     |
| City   | State | Zip  | City | State                    | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>   |       |  |      |                          |                     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.  |       |  |      |                          |                     |
| 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 Person<br><u>Craig Simpson</u>  |       |  |      | Date<br><u>1/11/2021</u> |                     |
| Signature of Authorized Person<br>  |       |  |      |                          |                     |

## 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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