



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2023

JAN 09 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY *firm 973907*

1. Entity ID Number 000113387		2. Exact name of the Corporation Joyce M. Simard, Associates, Inc.			
3. Principal Office Address 654 Metacom Avenue			City Warren	State RI	Zip 02885
4. NAICS Code 621610	6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE EMPLOYING OF INDIVIDUALS DIRECTLY FOR THE PURPOSE OFFURNISHING PART-TIME OR TEMPORARY SERVICES INCLUDING NURSING SERVICES				
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joyce M. Simard			Vice-President Name NONE		
Street Address 210 Williamson Drive			Street Address		
City Somerset	State MA	Zip 02726	City	State	Zip
Secretary Name Joyce M. Simard			Treasurer Name Joyce M. Simard		
Street Address 210 Williamson Drive			Street Address 210 Williamson Drive		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Joyce M. Simard			Director Name Armand A. Simard		
Street Address 210 Williamson Drive			Street Address 210 Williamson Drive		
City Somerset	State MA	Zip 02726	City Somerset	State MA	Zip 02726
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES CNP	PAR VALUE \$0.00
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 Joyce M. Simard				Date 01/09/2023	
Signature of Authorized Representative <i>Joyce M. Simard</i>					

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