



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 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.

FILED

MAR 06 2023

BY

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1. Entity ID Number 163645		2. Exact name of the Corporation SIMAS FARMS INC.			
3. Principal Office Address 6A Balcom Road			City Foster	State RI	Zip 02825
4. NAICS Code 492210		6. Brief description of the character of business conducted in Rhode Island Delivery			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kyle Simas			Vice-President Name None		
Street Address 6A Balcom Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Secretary Name Kyle Simas			Treasurer Name Kyle Simas		
Street Address 6A Balcom Road			Street Address 6A Balcom Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kyle Simas			Director Name		
Street Address 6A Balcom Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE \$.01
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 Kyle Simas				Date 2-28-23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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