



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
APR 18 2023
 BY Y229
DS

1. Entity ID Number 11677		2. Exact name of the Corporation D. SIMPSON MANUFACTURING, INC.			
3. Principal Office Address 13 INDUSTRIAL DRIVE		City SMITHFIELD		State RI	Zip 02917
4. NAICS Code 331511		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY AND ALL ASPECTS OF MANUFACTURING AND PRECISION METAL PARTS BUSINESS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONALD SIMPSON			Vice-President Name LINDA SIMPSON		
Street Address 1 TOWER DRIVE, UNIT 1701			Street Address 1 TOWER DRIVE, UNIT 1701		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DONALD SIMPSON			Director Name LINDA SIMPSON		
Street Address 1 TOWER DRIVE, UNIT 1701			Street Address 1 TOWER DRIVE, UNIT 1701		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		C. ASS/SERIES
			PAR VALUE		
			100	COMMON	NO PAR
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 Linda Simpson					Date 4-8-23
Signature of Authorized Representative <i>Linda Simpson</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