



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Corporation

2024

FILED

MAR 12 2024

BY

24398

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 01011085		2. Exact name of the Corporation Myron F. Simmons, Incorporated	
3. Principal Office Address 14 Pottersville Rd., P.O. Box 527		City Little Compton	State RI
		Zip 02837	
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island General Construction / Remodeling		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Myron F. Simmons		Vice-President Name Myron F. Simmons	
Street Address 14 Pottersville Rd., P.O. Box 527		Street Address 14 Pottersville Rd., P.O. Box 527	
City Little Compton	State RI	City Little Compton	State RI
Zip 02837		Zip 02837	
Secretary Name Phoebe E. Simmons		Treasurer Name Dean M. Simmons	
Street Address 14 Pottersville Rd., P.O. Box 527		Street Address 14 Pottersville Rd., P.O. Box 527	
City Little Compton	State RI	City Little Compton	State RI
Zip 02837		Zip 02837	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Myron F. Simmons		Director Name Dean M. Simmons	
Street Address 14 Pottersville Rd., P.O. Box 527		Street Address 14 Pottersville Rd., P.O. Box 527	
City Little Compton	State RI	City Little Compton	State RI
Zip 02837		Zip 02837	
Director Name Phoebe E. Simmons		Director Name	
Street Address 14 Pottersville Rd., P.O. Box 527		Street Address	
City Little Compton	State RI	City	State
Zip 02837		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	CLASS/SERIES
		1,000	Common
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 Myron F. Simmons		Date 3/15/24	
Signature of Authorized Representative <i>Myron F. Simmons</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