



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

MAR 12 2024

BY 24398
[Signature]

- 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 <u>0111085</u>		2. Exact name of the Corporation <u>Myron F. Simmons, Incorporated</u>	
3. Principal Office Address <u>14 Pottersville Rd., P.O. Box 527</u>		City <u>Little Compton</u>	State <u>RI</u>
		Zip <u>02837</u>	
4. NAICS Code <u>236118</u>	6. Brief description of the character of business conducted in Rhode Island <u>General Construction / Remodeling</u>		
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Myron F. Simmons</u>		Vice-President Name <u>Myron F. Simmons</u>	
Street Address <u>14 Pottersville Rd., P.O. Box 527</u>		Street Address <u>14 Pottersville Rd., P.O. Box 527</u>	
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City <u>Little Compton</u>
			State <u>RI</u>
			Zip <u>02837</u>
Secretary Name <u>Phoebe E. Simmons</u>		Treasurer Name <u>Dean M. Simmons</u>	
Street Address <u>14 Pottersville Rd., P.O. Box 527</u>		Street Address <u>14 Pottersville Rd., P.O. Box 527</u>	
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City <u>Little Compton</u>
			State <u>RI</u>
			Zip <u>02837</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Myron F. Simmons</u>		Director Name <u>Dean M. Simmons</u>	
Street Address <u>14 Pottersville Rd., P.O. Box 527</u>		Street Address <u>14 Pottersville Rd., P.O. Box 527</u>	
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	City <u>Little Compton</u>
			State <u>RI</u>
			Zip <u>02837</u>
Director Name <u>Phoebe E. Simmons</u>		Director Name	
Street Address <u>14 Pottersville Rd., P.O. Box 527</u>		Street Address	
City <u>Little Compton</u>	State <u>RI</u>	Zip <u>02837</u>	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 Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES <u>1,000</u>	CLASS/SERIES <u>Common</u>
		PAR VALUE	
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 <u>Myron F. Simmons</u>			Date <u>3/5/24</u>
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov