



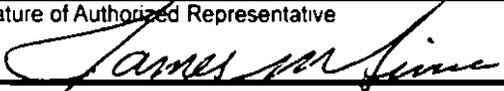
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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
STAMP
JAN 31 2025
BY 3908 SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000796229		2. Exact name of the Corporation SIMA DRILLING COMPANY, INC.			
3. Principal Office Address 150 School House Road		City Cheshire	State CT	Zip 06410	
4. NAICS Code 237110	6. Brief description of the character of business conducted in Rhode Island General well drilling trade				
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James M. Sima		Vice-President Name Robert A. Sima			
Street Address 180 Birch Street		Street Address PO Box 586			
City Cheshire	State CT	Zip 06410	City Cheshire	State CT	Zip 06444
Secretary Name Lawrence Sima		Treasurer Name Lawrence J. Sima, Jr.			
Street Address 318 DeFashion Street		Street Address 853 Mount Vernon Road			
City Cheshire	State CT	Zip 06410	City Southington	State CT	Zip 06489
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name None		Director Name None			
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		CLASS/SERIES	PAR VALUE
		none		CWP	\$10.00
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 James M. Sima, President				Date 1/17/25	
Signature of Authorized Representative 					

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