RI SOS Filing Number: 202445176630 Date: 1/31/2024 4:00:00 PM

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State of Rhode Islan Department of St		s Services I	Division				
Annual Report for the year:	2024					•	
Corporation → Filing period: February 1 -	May 1						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00	fee if form is not fi	led by May 31.					
1. Entity ID Number 11668	2. Exact name of the Corporation Simplex Engine & Machine, Inc.						
3. Principal West Addister Street			City Pr	City Providence State (2903-0000			
4. NAIÇŞ _I Ççde	के मिनिहर् दश्मां तर्हुं, न की मिनिहरू इस्ति के सामा क्षेत्रह क्षण्यां अपने कि मिन्हर्य Island						
5. State of Incorporation							
7. List ALL officers (names and ad	dresses)			Check the ho	x to indic	ate an attachment	
President en M. Clair	VIGETHESISCAL VIA MENT						
Street Addess Westminster Street			Street Oblin Westminster Street				
City Providence	Sjohe	Ziβ2903-	City Provi	dence	State	02903 Zip	
Secretal matterd J. Clair	Treasure	Treaspirer M. Chair					
Street Addeld Westminster Street	Stree Williamster Street						
City Providence	State	82993-	City		State	02903- Zip	
8. List ALL directors (names and a	Check the box to indicate an attachment						
Directo Staplaen M. Clair			Dir ēdiājājājā, Clair				
Street Approximater Street			Striet Additions training ter Street City rovidence State 219				
City Providence	Stare	Zi <mark>92903-</mark>	City rovide	rovidence		Ζίρ 2903-	
Director Domaid F. Clair			Dir BAU PName				
Street Appressionster Street	Straetredress						
City Providence	Siste	Zi)2903-	Cityone	·	State	Zip Zip	
3. Shares Authorized This information is currently of record in the				Check the b	eck the box to indicate an attachment ASS/SERIES PAR VALUE		
Department of State.		T		Common			
Changes require an additional filing.							
11. This report must be executed of	on behalf of the cor	poration by an au	uthorized rep	resentative. If the corpo	ration is i	n the hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I declar statements, and that all stateme	re and affirm that	l have examine	d this repon	eceiver or trustee. t, including any accom	panying	schedules and	
Name of Authorized Representativ		Date					
Stephen M. Clair Presid			ent ·		1/04/2	1/04/2024	
Signature of Authorized Representative							
	All TO						

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov