

1.) CORPORATION NAME:

**Ross-Simons of Warwick, Inc.**

DUE DATE: **6/30/2011**

SCC ID NO: **F1618372**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	11,995,000
PREFA	5,000
PREFB	1,200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9 ROSS-SIMONS DRIVE

CITY/ST/ZIP: CRANSTON, RI 02920-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DARRELL S ROSS  
TITLE: PRESIDENT  
ADDRESS: 9 ROSS-SIMONS DRIVE  
CITY/ST/ZIP/CO: CRANSTON, RI 02920-

OFFICER

DIRECTOR

NAME: DAVID PAWLAK  
TITLE: VICE PRESIDENT  
ADDRESS: 9 ROSS-SIMONS DRIVE  
CITY/ST/ZIP/CO: CRANSTON, RI 02920-

OFFICER

DIRECTOR

NAME: STEPHEN J CARLOTTI  
TITLE: ASST SEC  
ADDRESS: HINCKLEY ALLEN & SNYDER LLP  
1500 FLEET CENTER  
CITY/ST/ZIP/CO: PROVIDENCE, RI 02903-

OFFICER

DIRECTOR

NAME: DAVID PAWLAK  
TITLE: SECRETARY  
ADDRESS: 9 ROSS-SIMONS DRIVE  
CITY/ST/ZIP/CO: CRANSTON, RI 02920-

OFFICER

DIRECTOR

NAME: ROBERT SIMONE  
TITLE: COO  
ADDRESS: 9 ROSS-SIMONS DRIVE  
CITY/ST/ZIP/CO: CRANSTON, RI 02920-

OFFICER

DIRECTOR

NAME: DARRELL ROSS TITLE: CEO ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MARK DORAN TITLE: DIRECTOR ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM JOHNSON TITLE: DIRECTOR ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT PULCIANI TITLE: DIRECTOR ADDRESS: 9 ROSS-SIMONS DR CITY/ST/ZIP/CO: CRANSTON, RI 02920-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN ROTH TITLE: DIRECTOR ADDRESS: 9 ROSS-SIMONS DR CITY/ST/ZIP/CO: CRANSTON, RI 02920-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER STARRETT TITLE: DIRECTOR ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID WIEDERECHT TITLE: DIRECTOR ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ DAVID PAWLAK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DAVID PAWLAK, VICE PRESIDENT _____ PRINTED NAME AND CORPORATE TITLE
5/19/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	