

1.) CORPORATION NAME:

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

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1618372**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID PAWLAK TITLE: VICE PRESIDENT ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEPHEN J CARLOTTI TITLE: ASST SEC ADDRESS: HINCKLEY ALLEN & SNYDER LLP CITY/ST/ZIP/CO: 1500 FLEET CENTER PROVIDENCE, RI 02903	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT SIMONE TITLE: COO ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID PAWLAK TITLE: SECRETARY ADDRESS: 9 ROSS-SIMONS DRIVE CITY/ST/ZIP/CO: CRANSTON, RI 02920	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> 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/ DARRELL S ROSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DARRELL S ROSS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	6/24/2013 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.		