



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2008

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 138170		2. Name of Corporation Miller Firewood and Logging, Inc.			
3. Street Address Principal Business Office 1741 TEN ROD ROAD			City EXETER	State RI	Zip 02882
4. Business Phone No. 401-392-1934		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To perform such duties as related to the preparation and sale of firewood.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Keil C. Miller			Vice President Name Darlene A. Miller		
Street Address 1741 TEN ROD ROAD			Street Address 1741 TEN ROD ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02882
Secretary Name Keil C. Miller			Treasurer Name Darlene A. Miller		
Street Address 1741 TEN ROD ROAD			Street Address 1741 TEN ROD ROAD		
City EXETER	State RI	Zip 02822	City EXETER	State RI	Zip 02822
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Keil C. Miller			Director Name		
Street Address 1741 TEN ROD ROAD			Street Address		
City EXETER	State RI	Zip 02822	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	No Par Value		0	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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.

File Date: **FILED**  
Check No: FEB 26 2009  
By: DS 1231  
FOR SECRETARY OF STATE USE ONLY

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.

Signature: Keil Miller Date: 2/25/08  
Print or Type Name: Keil Miller  
Title: President