



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 40254		2. Exact name of the Corporation MILLER'S TRUCK SALES & REPAIR, INC.			
3. Principal office address 145 HIGGINSON AVENUE		City LINCOLN	State RI	Zip 02865	
4. Business Phone No. 401-723-9030		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TRUCK SALES AND REPAIR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ROBERT J. MILLER			Vice-President Name ROBERT J. MILLER		
Street Address 145 HIGGINSON AVENUE			Street Address 145 HIGGINSON AVENUE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name ROBERT J. MILLER			Treasurer Name ROBERT J. MILLER		
Street Address 145 HIGGINSON AVENUE			Street Address 145 HIGGINSON AVENUE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ROBERT J. MILLER			Director Name		
Street Address 145 HIGGINSON AVENUE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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.

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAR 27 2013

BY **39363**

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.

Robert J. Miller

Signature of Authorized Representative

Date

ROBERT J. MILLER

Print or Type Name of Authorized Representative