



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 **2012**

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.

2018 MAY 6 PM 1:05

1. Entity ID No. 702396		2. Exact name of the Corporation Millenium Motors Inc.			
3. Principal office address 940 Quaker Lane, suite 2104			City East Greenwich	State RI	Zip 02818
4. Business Phone No. 401-331-7730		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sales of electric motors					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Philip I. Korn			Vice-President Name Philip I. Korn		
Street Address 940 Quaker Lane, suite 2104			Street Address 940 Quaker Lane, suite 2104		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Philip I. Korn			Treasurer Name Philip I. Korn		
Street Address 940 Quaker Lane, suite 2104			Street Address 940 Quaker Lane, suite 2104		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
			none		

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: _____

MAY 06 2013

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.

Philip I. Korn 5-2-13
 Signature of Authorized Representative Date

Philip I. Korn
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

[Handwritten signature and number]
 729-196644