



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.

1. Entity ID No. 547040		2. Exact name of the Corporation MIKR Corp					
3. Principal office address 55 Collins Court		City N. Kingstown	State R-I	Zip 02852			
4. Business Phone No. 401-623-0454		5. State of Incorporation RI					
6. Brief description of the character of business conducted in Rhode Island Paintless Dent Repair							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐							
President Name Michael Simas		Vice-President Name Krystle Simas					
Street Address 55 Collins CT.		Street Address 55 Collins CT					
City N. Kingstown	State R-I	Zip 02852	City N. Kingstown	State R.I	Zip 02852		
Secretary Name		Treasurer Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2014 JAN 14 PM 12:03		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	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) ☐							
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
					0	0	0

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 _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

JAN 14 2014

By **49-214722**

A.A. 12:03p

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 of Authorized Representative

Date

Michael Simas
Print or Type Name of Authorized Representative