



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 2015

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. 103434		2. Exact name of the Corporation Miller Acquisition Corp.			
3. Principal office address 23 Dartmouth Avenue			City Riverside	State RI	Zip 02915
4. Business Phone No. 401-631-3470		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island TO ACQUIRE AND MANAGE COMMERCIAL BUSINESSES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Douglas M. Miller			Vice-President Name None		
Street Address 23 Dartmouth Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name Douglas M. Miller			Treasurer Name Douglas M. Miller		
Street Address 23 Dartmouth Avenue			Street Address 23 Dartmouth Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			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) <input checked="" 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
			1,000	common	\$.01

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

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 6/11/15

FILED Douglas M. Miller

Print or Type Name of Authorized Representative

JUN 17 2015
 BY 5815