



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 2016

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. 97016		2. Exact name of the Corporation Scott D. Miller, Inc.			
3. Principal office address 401 Walcott Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 401-724-8866		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Acquiring and selling promotional products					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Scott D. Miller			Vice-President Name		
Street Address 401 Walcott Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Linda C. Embry			Treasurer Name Linda C. Embry		
Street Address 60 Greenbriar Road			Street Address 60 Greenbriar Road		
City Brockton	State MA	Zip 02401	City Brockton	State MA	Zip 02401
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Scott D. Miller			Director Name Linda C. Hall		
Street Address 401 Walcott Street			Street Address 60 Greenbriar Road		
City Pawtucket	State RI	Zip 02860	City Brockton	State MA	Zip 02401
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 value

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: _____

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.

FILED

Signature of Authorized Representative *Scott D. Miller* Date *1/22/16*

Scott D. Miller

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

FEB 18 2016
RY *HL 24501*