RI SOS Filing Number: 201695396700 Date: 03/30/2016 4:00 PM

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.	2. Exact name of the Corporation		
1029396	MILTON J. SKURKA INC		
3. Principal office address: 135 COWESETT AVE	City: WEST WARWICK	State: RI	Zip: 02893
4. Business Phone No.: 401-556-7421	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: TRUCKING COMPANY			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: MILTON SKURKA			Vice-President Name: DEBRA SKURKA - MCALLISTER		
Street Address: 135 COWESETT AVE			Street Address: 52 TIFFANY RD		
City: WEST WARWICK	State: RI	Zip: 02893	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: DEBRA SKURKA- MCALLISTER			Treasurer Name: PAUL R. MCALLISTER		
Street Address:			Street Address: 52 TIFFANY ROAD		
City:	State:	Zip:	City: COVENTRY	State: RI	Zip: 02816

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	1.00/ per share

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
MAR 30 2016
5560
BY

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.

03/21/2016
Signature of Authorized Representative — Date

DEBRA SKURKA-MCALLISTER
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
134687-8-1117372