

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 2017

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. 11664454		2. Exact name of the Corporation INDUSTRIAL FLEET SERVICE, INC.			
3. Principal office address P.O. BOX 364		City SOMERSET	State MA	Zip 02726	
4. Business Phone No. 508-730-2342		5. State of Incorporation MA			
6. Brief description of the character of business conducted in Rhode Island FORKLIFT EQUIP REPAIR					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name MICHAEL PEREIRA			Vice-President Name		
Street Address 1076 HIXVILLE RD			Street Address		
City DARTMOUTH	State MA	Zip 02747	City	State	Zip
Secretary Name			Treasurer Name STEPHEN PERRY		
Street Address			Street Address 2 ALTHAM ST.		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
Director Name MICHAEL PEREIRA			Director Name		
Street Address 1076 HIXVILLE RD			Street Address		
City DARTMOUTH	State MA	Zip 02747	City	State	Zip
Director Name STEPHEN PERRY			Director Name		
Street Address 2 ALTHAM ST.			Street Address		
City SWANSEA	State MA	Zip 02777	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	PAR VALUE
			500	CNP	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
 BY 13147

FILED

JAN 17 2017

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.

Stephen Perry 1/11/17
 Signature of Authorized Representative Date

STEPHEN PERRY
 Print or Type Name of Authorized Representative