



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 91358		2. Exact name of the Corporation Mike's Truck and Trailer, Inc.			
3. Principal Office Address 447 York Avenue			City Pawtucket	State RI	Zip 02861
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island To repair trucks and trailers and all other lawfully related business			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael J. Majkut			Vice-President Name Michael J. Majkut		
Street Address 447 York Avenue			Street Address see above		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Michael J. Majkut			Treasurer Name Michael J. Majkut		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. Majkut			Director Name		
Street Address see above			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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8000		common	no par value
11. 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.					
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.					
Name of Authorized Representative Michael J. Majkut				Date 1/20/2017	
Signature of Authorized Representative 				FILED	
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 03 2017.

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