RI SOS Filing Number: 201738499270 Date: 3/23/2017 4:00:00 PM

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	2. Exact name of the Corporation
1029396	MILTON J. SKURKA INC.

3. Principal Office Address	City	State	Zip
131 COWESETT AVENUE	WEST WARWICK	RI	02893

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
48-49 - Transportation and War	TRUCKING COMPANY
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DEBRA SKURKA-MCALLISTER			Vice-President Name: DEBRA SKURKA-MCALLISTER		
Street Address: 52 TIFFANY ROAD			Street Address:		
City: COVENTRY	State: RI	Zip: 02816	City:	State:	Zip:
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) — Check the box to indicate an 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	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	COMMOM	$1.00 / PER SHARE

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	Date
DEBRA SKURKA-MCALLISTER	3/20/2017

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
MAR 23 2017
By

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

FORM 630 - Revised: 02/2017