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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

1. Entity ID Number		2. Exact name of the Corporation					
91358	Mike's T	Mike's Truck and Trailer, Inc.					
3. Principal Office Address			City	Stat	e Zıp		
447 York Avenue			Pawtucket	RI	02861		
I. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
811111	To engage	To engage in the business of repairing trucks, trailers and all other lawfully related services.					
5. State of Incorporation					•		
Rhode Island							
7. List ALL officers (names a	and addresses)			Check the box	x to indicate an attachment		
President Name Michael J. Majkut			Vice-President Name Michael J. Majkut				
Street Address 447 York Avenue			Street Address same as above				
Pawtucket	State RI	Zip 02861	City	State	e Zip		
			Treasurer Name				
Secretary Name Michael J. Majkut		Treasurer Name Michael J. Majkut					
Street Address Same as above		Street Address Same as above					
City	State	Zıp	City	State	Zip		
. List ALL directors (names	and addresses)			Check the box	x to indicate an attachment		
Director Name Michael J. Ma	ijkut		Director Name				
Street Address same as above		Street Address					
		1-					
City	State	Z _{ip}	City	State	: Zip		
Director Name	A		Director Name				
Street Address		<u> </u>	Street Address				
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City	State	Zıp	City	State	e Zip		
. Shares Authorized		10. Shares Iss	ued .	Check the box	the box to indicate an attachment [
his information is currently o	of record in the	NUMBER O		CLASS/SERIES PAR VALUE			
epartment of State.		8000		common	no par value		
hanges require an additional filing.							
This report must be exec	uted on behalf of the	corporation by an	authorized represen	tative. If the compration is	s in the hands of a receiver		
rustee, this report must be e	xecuted on behalf of	the corporation by	the receiver or trust	ee			
Inder penalty of penjury, I	declare and affirm	that I have examin	ed this report, incl	uding any accompanyi	ng schedules and		
tatements, and that all sta ame of Authorized Represe	itements contained entative	nents contained herein are true and correct.			Date		
Aichael J. Majkut				Date	•		
ignature of Authonzed Rep	resentative/	•					
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Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov JAN 2 2 2018

FORM 630 - Revised: 10/2017