



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

→ 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 811111		6. Brief description of the character of business conducted in Rhode Island 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 and addresses) Check the box 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		
City Pawtucket	State RI	Zip 02861	City	State	Zip
Secretary Name Michael J. Majkut			Treasurer Name Michael J. Majkut		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Michael J. Majkut			Director Name		
Street Address same as 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 8000	CLASS/SERIES common	PAR VALUE 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
Signature of Authorized Representative 					

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FILED

JAN 22 2018

BY

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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: 10/2017