INDUSTRIAL 02/05/2018 7 58 AM

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

**Annual Report for the year:** 2018
**Corporation**

→ Filing penod: 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 | | | |
|---|---|---|---|---|
| 001664454 | INDUSTRIAL FLEET SERVICE, INC. | | | |
| 3. Principal Office Address | | City | State | Zip |
| P.O. BOX 364 | | SOMERSET | MA | 02726 |
| 4. Business Phone Number | | 5. State of Incorporation | | |
| 508-730-2342 | | MA | | |
| 6. Brief description of the character of business conducted in Rhode Island | | | | |
| FORKLIFT EQUIP REPAIR 811310 | | | | |
| 7. List ALL officers (names and addresses) | | | Check the box to indicate an attachment | ☐ |
| President Name | | Vice-President Name | | |
| MICHAEL PEREIRA | | | | |
| Street Address | | Street Address | | |
| 1076 HIXVILLE RD | | | | |
| City / State / Zip | DARTMOUTH / MA / 02747 | City / State / Zip | | |
| Secretary Name | | Treasurer Name | | |
| | | STEPHEN PERRY | | |
| Street Address | | Street Address | | |
| | | 2 ALTHAM ST. | | |
| City / State / Zip | | City / State / Zip | SWANSEA / MA / 02777 | |
| 8. List ALL directors (names and addresses) | | | Check the box to indicate an attachment | ☐ |
| Director Name | | Director Name | | |
| MICHAEL PEREIRA | | STEPHEN PERRY | | |
| Street Address | | Street Address | | |
| 1076 HIXVILLE RD | | 2 ALTHAM ST. | | |
| City / State / Zip | DARTMOUTH / MA / 02747 | City / State / Zip | SWANSEA / MA / 02777 | |

| 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 | |
| | 500 | CNP | 0 | |
| **Changes require an additional filing.** | | | | |

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 |
|---|---|
| STEPHEN PERRY | 2-5-18 |

Signature of Authorized Representative: Stephen Perry

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

FILED
FEB 08 2018
BY 132911 DS

FORM 630 - Revised: 05/2016