

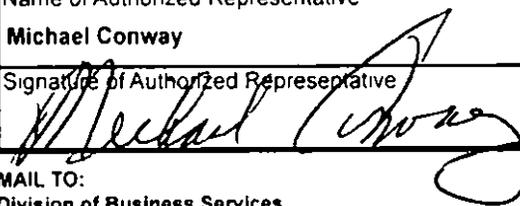


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 000145539		2. Exact name of the Corporation Mikeal, Inc.			
3. Principal Office Address 15 Brookdale Road			City North Providence	State RI	Zip 02904
4. NAICS Code 812190		6. Brief description of the character of business conducted in Rhode Island Internet Sales; Buy and Re-sell Construction Material			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Conway			Vice-President Name Michael Conway		
Street Address 15 Brookdale Road			Street Address 15 Brookdale Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Michael Conway			Treasurer Name Michael Conway		
Street Address 15 Brookdale Road			Street Address 15 Brookdale Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael Conway			Director Name		
Street Address 15 Brookdale Road			Street Address		
City North Providence	State RI	Zip 02904	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
		500	Common	\$500.00	
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 Conway					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE FILED

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

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