



State of Rhode Island and Providence Plantations

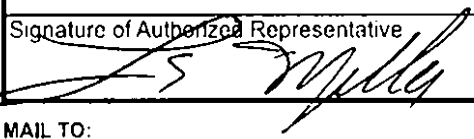
Department of State - Business Services Division

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 14644		2. Exact name of the Corporation Kaufman, Miller & Company, Ltd												
3. Principal Office Address 150 Main Street		City Pawtucket		State R.I.	Zip 02860									
4. NAICS Code 541211	6. Brief description of the character of business conducted in Rhode Island Public Accountant													
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Lewis E. Millwe			Vice-President Name Janet H Miller											
Street Address 150 Main Street			Street Address 150 Main Street											
City Pawtucket	State R.I.	Zip 02860	City Pawtucket	State R.I.	Zip 02860									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name Lewis E. Millwe			Director Name Janet H Miller											
Street Address 62b Nipmuc Trail			Street Address 62b Nipmuc Trail											
City No Prov	State R.I.	Zip 02904	City No Prov	State R.I.	Zip 02904									
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. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
		NUMBER OF SHARES	CLASS/SERIES	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 Lewis E. Miller				Date 01/24/2018										
Signature of Authorized Representative 														

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 22 2018

FORM 630 - Revised: 10/2017

BY