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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
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
14644	**Kaufman,Miller & Company,ltd**

3. Principal Office Address	City	State	Zip
150 Main Street	**Pawtucket**	**R.I.**	**02860**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541211	**Public Accountant**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Lewis E. Millwe	**150 Main Street**	**Pawtucket**	**R.I.**	**02860**

Vice-President Name	Street Address	City	State	Zip
Janet H Miller	**150 Main Street**	**Pawtucket**	**R.I.**	**02860**

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Lewis E. Millwe	**62b Nipmuc Trail**	**No Prov**	**R.I.**	**02904**

Director Name	Street Address	City	State	Zip
Janet H Miller	**62b Nipmuc Trail**	**No Prov**	**R.I.**	**02904**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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
Lewis E. Miller	**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
BY 1520 DS

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