



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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASSIF ES		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		
Signature of Authorized Representative 			Date 01/24/2018		

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

FORM 630 - Revised: 10/2017

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