



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

FILED

FEB 26 2018

BY 24701
[Signature]

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 97016		2. Exact name of the Corporation Scott D. Miller, Inc.			
3. Principal Office Address 401 Walcott Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Acquiring and selling promotional products			
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 Scott D. Miller			Vice-President Name		
Street Address 401 Walcott Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Linda C. Embry			Treasurer Name Linda C. Embry		
Street Address 60 Greenbriar Road			Street Address 60 Greenbriar Road		
City Brockton	State MA	Zip 02401	City Brockton	State MA	Zip 02401
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Scott D. Miller			Director Name Linda C. Embry		
Street Address 401 Walcott Street			Street Address 60 Greenbriar Road		
City Pawtucket	State RI	Zip 02860	City Brockton	State MA	Zip 02401
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		
			common		
			no 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 Scott D. Miller <i>[Signature]</i>					Date 2/23/18
Signature of Authorized Representative <i>[Signature]</i> SIGN DOCUMENT HERE					

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

FORM 630 - Revised: 10/2017