



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.

FILED

MAR 06 2018

BY

8467

1. Entity ID Number 118615		2. Exact name of the Corporation My Great Movers, Inc.			
3. Principal Office Address 620 Main Street, Unit #8			City East Greenwich	State RI	Zip 02818
4. NAICS Code 531130		6. Brief description of the character of business conducted in Rhode Island Serve as common carrier for primary household good and provide storage for same.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT WALASON			Vice-President Name JEANNE WALASON XXXXXXXX TIRRELL		
Street Address 620 Main Street, Unit # 8			Street Address 620 Main Street, Unit # 8		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name ROBERT WALASON			Treasurer Name ROBERT WALASON		
Street Address 620 Main Street, Unit # 8			Street Address 620 Main Street, Unit # 8		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no par
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 ROBERT WALASON					Date 12/28/17
Signature of Authorized Representative <i>Robert Walase</i>					SIGN DOCUMENT HERE