



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

FILED

APR 05 2018

BY

48427

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 40254 | | 2 Exact name of the Corporation MILLER'S TRUCK SALES & REPAIR, INC. | | | |
| 3 Principal Office Address 145 HIGGINSON AVENUE | | | City LINCOLN | State RI | Zip 02865 |
| 4. NAICS Code 811198 | | 6. Brief description of the character of business conducted in Rhode Island TRUCK SALES AND REPAIR | | | |
| 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 ROBERT J. MILLER | | | Vice-President Name ROBERT J. MILLER | | |
| Street Address 145 HIGGINSON AVENUE | | | Street Address 145 HIGGINSON AVENUE | | |
| City LINCOLN | State RI | Zip 02865 | City LINCOLN | State RI | Zip 02865 |
| Secretary Name ROBERT J. MILLER | | | Treasurer Name ROBERT J. MILLER | | |
| Street Address 145 HIGGINSON AVENUE | | | Street Address 145 HIGGINSON AVENUE | | |
| City LINCOLN | State RI | Zip 02865 | City LINCOLN | State RI | Zip 02865 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name ROBERT J. MILLER | | | Director Name ROBERT J. MILLER | | |
| Street Address 145 HIGGINSON AVENUE | | | Street Address 145 HIGGINSON AVENUE | | |
| City LINCOLN | State RI | Zip 02865 | City LINCOLN | State RI | Zip 02865 |
| Director Name ROBERT J. MILLER | | | Director Name | | |
| Street Address 145 HIGGINSON AVENUE | | | Street Address | | |
| City LINCOLN | State RI | Zip 02865 | 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 | | PAR VALUE |
| | | | 100 | | NO PAR |
| | | | CLASS/SERIES | | |
| | | | COMMON | | |
| 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 J. MILLER | | | | | Date 4/2/18 |
| Signature of Authorized Representative <i>Robert J. Miller</i> | | | | | |

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