RI SOS Filing Number: 201883233710 Date: 12/26/2018 11:31:00 AM

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

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CORPORATIONS DIV

2018 DEC 26 AM 11:29

Annual Report for the year: 2014

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
000528276	**Truax Corporation**

3. Principal Office Address	City	State	Zip
PO BOX 2186	**Plainville**	**MA**	**02762**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
562998	**Catch Basin Cleaning, Sewer Pipe Cleaning & Television Inspection of Sewer Lines**
5. State of Incorporation: **MA**	

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

President Name	Vice-President Name
Lloyd Truax	
Street Address: **179 Oak Street**	Street Address
City: **Foxboro** State: **MA** Zip: **02025**	City State Zip
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 ☐

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	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.	0		0

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
Lloyd Truax, Pres.	**12/18/18**

Signature of Authorized Representative: Lloyd M Truax

DO NOT DOCUMENT HERE

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BY CTRUX

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