



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

Annual Report for the year: **2013**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 DEC 26 AM 11:29

1. Entity ID Number 000528276		2. Exact name of the Corporation Truax Corporation							
3. Principal Office Address PO BOX 2186				City Plainville		State MA		Zip 02762	
4. NAICS Code 562998		6. Brief description of the character of business conducted in Rhode Island 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 Lloyd Truax				Vice-President Name					
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. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				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 Lloyd Truax, Pres.							Date 12/18/18		
Signature of Authorized Representative 									

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

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FORM 630 - Revised: 10/2017

BY Ch T7RDX