



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 17 PM 2:24

1. Entity ID Number <u>129805</u>		2. Exact name of the Corporation <u>Precision Well & Pump Systems, Inc.</u>			
3. Principal Office Address <u>172 Old Mt Trail</u>		City <u>Richmond</u>		State <u>RI</u>	Zip <u>02898</u>
4. NAICS Code <u>238990</u>		6. Brief description of the character of business conducted in Rhode Island <u>Install wells, water pumps, water treatment, trenching</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Darin Miller</u>			Vice-President Name <u>Darin Miller</u>		
Street Address <u>172 Old Mt Tr</u>			Street Address <u>171 Old Mt Tr</u>		
City <u>Richmond</u>	State <u>RI</u>	Zip <u>02898</u>	City <u>Richmond</u>	State <u>RI</u>	Zip <u>02898</u>
Secretary Name <u>Same as Above</u>			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 <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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>2000</u>	CLASS/SERIES <u>stk</u>	PAR VALUE <u>.01</u>
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 <u>Darin Miller</u>					Date <u>6-17-19</u>
Signature of Authorized Representative 					

FILED

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

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BY SLB/GTS

FORM 930 - Revised: 10/2017