



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

SEP 09 2019

B34

1. Entity ID Number 504442		2. Exact name of the Corporation Miller Construction, Inc.												
3. Principal Office Address West Side Road			City Block Island	State RI	Zip 02807									
4. NAICS Code 236115		6. Brief description of the character of business conducted in Rhode Island Construction, fishing and property management.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Steven J. Miller			Vice-President Name Eileen Dinolfo Miller											
Street Address PO Box 698			Street Address PO Box 698											
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807									
Secretary Name Eileen Dinolfo Miller			Treasurer Name Eileen Dinolfo Miller											
Street Address PO Box 698			Street Address PO Box 698											
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Steven J. Miller			Director Name Eileen Dinolfo Miller											
Street Address PO Box 698			Street Address PO Box 698											
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807									
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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>A</td> <td>No par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	A	No par value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	A	No par value												
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 Elliot Taubman, Esq.				Date 9/5/2019										
Signature of Authorized Representative <i>Elliot Taubman</i>														