

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILEDAnnual Report for the year: 2020
Corporation

FEB 03 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY 10849

1. Entity ID Number <u>000011088</u>		2. Exact name of the Corporation <u>JOSEPH G. Miller, LTD</u>	
3. Principal Office Address <u>2783 West Shore Road</u>		City <u>WARWICK</u>	State <u>RI</u>
		Zip <u>02889</u>	
4. NAICS Code <u>541110</u>	6. Brief description of the character of business conducted in Rhode Island <u>Proprietorial service corporation for legal services</u>		
5. State of Incorporation <u>RI</u>	<u>sole stockholder and attorney at law.</u>		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joseph G. Miller</u>		Vice-President Name <u>JOSEPH G. Miller</u>	
Street Address <u>2783 West Shore Rd</u>		Street Address <u>2783 West Shore Rd</u>	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>
			State <u>RI</u>
			Zip <u>02889</u>
Secretary Name <u>Joseph G. Miller</u>		Treasurer Name <u>Joseph G. Miller</u>	
Street Address <u>2783 West Shore Rd</u>		Street Address <u>2783 West Shore Rd</u>	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	City <u>Warwick</u>
			State <u>RI</u>
			Zip <u>02889</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Joseph G. Miller</u>		Director Name	
Street Address <u>2783 West Shore Rd</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02889</u>	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 <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>600</u>	
		<u>—</u>	
		<u>—</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>Joseph G. Miller</u>		Date <u>1-31-20</u>	
Signature of Authorized Representative <u>Joseph G. Miller President</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov