



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

FILED

FEB 18 2020

Annual Report for the year: **2020**
 Corporation

BY 20601
oak

- 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 5608		2. Exact name of the Corporation ASSOCIATED ROAD TAX, INC.			
3. Principal Office Address 14 Field Court			City North Kingstown	State RI	Zip 02852
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Reporting mileage and fuel tax.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Donna M. Maroney			Vice-President Name Donald Maroney		
Street Address 14 Field Court			Street Address 14 Field Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Jacquelyn Maroney			Treasurer Name Jennifer Vingi-Clesas		
Street Address 14 Field Court			Street Address 14 Field Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Donna M. Maroney			Director Name		
Street Address 14 Field Court			Street Address		
City North Kingstown	State RI	Zip 02852	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. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			300		Common
			PAR VALUE		No par
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 Donna M. Maroney					Date 2/9, 2020
Signature of Authorized Representative <i>Donna M. Maroney</i> SIGN DOCUMENT HERE					

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

ID 5608

Attachment to 2020 Annual Report:

7. Assistant Vice-President

Cory Vingi
14 Field Court
North Kingstown, RI 02852

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BY 26601

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