



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

FILED

Annual Report for the year: 2020
Corporation

FEB 18 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 20601
oak

| | | | | | |
|---|--------------------|---|---|--------------------|--------------------------|
| 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

[Handwritten signature]