

INDUSTRIAL C1/12/2021 3:40 PM

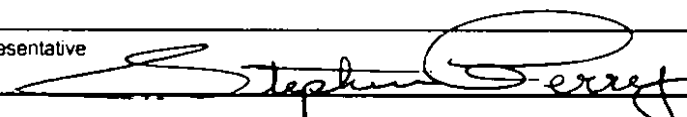
State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: 2021
Corporation

- ☐ Filing period: January 1 - March 1
- ☐ Filing Fee: \$50.00
- ☐ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 27 2021

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1. Entity ID Number 1664454		2. Exact name of the Corporation INDUSTRIAL FLEET SERVICE, INC.			
3. Principal Office Address P.O. BOX 364			City SOMERSET	State MA	Zip 02726
4. NAICS Code 532400		6. Brief description of the character of business conducted in Rhode Island FORKLIFT EQUIP REPAIR			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment ☐
President Name MICHAEL PEREIRA			Vice-President Name		
Street Address 1076 HIXVILLE RD			Street Address		
City DARTMOUTH	State MA	Zip 02747	City	State	Zip
Secretary Name STEPHEN PERRY			Treasurer Name STEPHEN PERRY		
Street Address 2 ALTHAM ST.			Street Address 2 ALTHAM ST.		
City SWANSEA	State MA	Zip 02777	City SWANSEA	State MA	Zip 02777
8. List ALL directors (names and addresses)					Check the box to indicate an attachment ☐
Director Name MICHAEL PEREIRA			Director Name STEPHEN PERRY		
Street Address 1076 HIXVILLE RD			Street Address 2 ALTHAM ST.		
City DARTMOUTH	State MA	Zip 02747	City SWANSEA	State MA	Zip 02777
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					10. Shares Issued
This information is currently of record in the Department of State.					Check the box to indicate an attachment ☐
Changes require an additional filing.					
NUMBER OF SHARES 500		CLASS/SERIES CNP		PAR VALUE 0	
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					Date 1/14/21
Signature of Authorized Representative STEPHEN PERRY 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov