INDUSTRIAL 01/12/2021 3:40 PM

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

FILED
JAN 27 2021
BY 6392

Annual Report for the year: 2021
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
000164454	INDUSTRIAL FLEET SERVICE, INC.			
3. Principal Office Address		City	State	Zip
P.O. BOX 364		SOMERSET	MA	02726
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
532400				
5. State of Incorporation				
MA	FORKLIFT EQUIP REPAIR			

7. List ALL officers (names and addresses)			Check the box to indicate an attachment ☐		
President Name			Vice-President Name		
MICHAEL PEREIRA					
Street Address			Street Address		
1076 HIXVILLE RD					
City	State	Zip	City	State	Zip
DARTMOUTH	MA	02747			
Secretary Name			Treasurer Name		
STEPHEN PERRY			STEPHEN PERRY		
Street Address			Street Address		
2 ALTHAM ST.			2 ALTHAM ST.		
City	State	Zip	City	State	Zip
SWANSEA	MA	02777	SWANSEA	MA	02777

8. List ALL directors (names and addresses)			Check the box to indicate an attachment ☐		
Director Name			Director Name		
MICHAEL PEREIRA			STEPHEN PERRY		
Street Address			Street Address		
1076 HIXVILLE RD			2 ALTHAM ST.		
City	State	Zip	City	State	Zip
DARTMOUTH	MA	02747	SWANSEA	MA	02777
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 ☐
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	500	CNP	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 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