



State of Rhode Island
Department of State - Business Services Division

Annual 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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 FEB 25 AM 11:19

1. Entity ID Number 000065104		2. Exact name of the Corporation Millard Wire Company			
3. Principal Office Address 449 Warwick Industrial Drive			City Warwick	State RI	Zip 02886
4. NAICS Code 331410		6. Brief description of the character of business conducted in Rhode Island Manufacture and sale of base metals and alloys.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel R. LaCroix, Sr.			Vice-President Name Daniel R. LaCroix, Jr.		
Street Address 449 Warwick Industrial Drive			Street Address 449 Warwick Industrial Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Paul Scholtes			Treasurer Name Paul Scholtes		
Street Address 449 Warwick Industrial Drive			Street Address 449 Warwick Industrial Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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	PAR VALUE
		1.500	Common	\$10 Par Value	
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 Daniel R. LaCroix, Sr., President				Date 2-2-21	
Signature of Authorized Representative 					

FILED

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

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