

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation:

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

JAN 10 2022
BY 13350

1. Entity ID Number <u>1064454</u>		2. Exact name of the Corporation <u>INDUSTRIAL FLEET SERVICE, INC.</u>			
3. Principal Office Address <u>P.O. BOX 364</u>			City <u>SOMERSET</u>	State <u>MA</u>	Zip <u>02726</u>
4. NAICS Code <u>532400</u>	6. Brief description of the character of business conducted in Rhode Island <u>FORKLIFT EQUIP REPAIR</u>				
5. State of Incorporation <u>MA</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MICHAEL PEREIRA</u>			Vice-President Name		
Street Address <u>1076 HIXVILLE RD</u>			Street Address		
City <u>DARTMOUTH</u>	State <u>MA</u>	Zip <u>02747</u>	City	State	Zip
Secretary Name <u>STEPHEN PERRY</u>			Treasurer Name <u>STEPHEN PERRY</u>		
Street Address <u>2 ALTHAM ST.</u>			Street Address <u>2 ALTHAM ST.</u>		
City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>	City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>MICHAEL PEREIRA</u>			Director Name <u>STEPHEN PERRY</u>		
Street Address <u>1076 HIXVILLE RD</u>			Street Address <u>2 ALTHAM ST.</u>		
City <u>DARTMOUTH</u>	State <u>MA</u>	Zip <u>02747</u>	City <u>SWANSEA</u>	State <u>MA</u>	Zip <u>02777</u>
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		
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 <u>Stephen Perry</u>					Date <u>1/3/2022</u>
Signature of Authorized Representative <u>STEPHEN PERRY</u>					

MAIL TO:

Division of Business Services
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