RI SOS Filing Number: 202207802450 Date: 1/10/2022 4:00:00 PM

INDUSTRIAL 12/28/2021 9 13 AM

State of Rhode Island

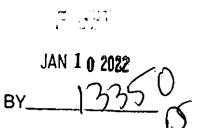
**Department of State - Business Services Division** 

Annual Report for the year: 2022

→ Filing period January 1 - March 1

→ Filing Fée \$50 00

→ Penalty: Additional \$25 00 fee if form is not filed by April 1.



		_							
1 Entity ID Number	2. Exact name of the Corporation								
INDUSTRIAL FLERT SERVICE, INC.									
Principal Office Address				City			State	Zip	
P.O. BOX 364					RSET		MA	02726	
4. NAICS Code	6. Brief descript	ion c	of the character of bus	ness 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	Zıç	)	City		State		Zip	
DARTMOUTH	MA		2747					·	
Secretary Name					Treasurer Name				
STEPHEN PERRY				STEPHEN PERRY					
Street Address				Street Address					
2 ALTHAM ST.				2 ALTHAM ST.					
City	State	Zıp	<u> </u>	City		State		Zıp	
SWANSEA	MA		2777	SWANSEA		MA		C2777	
8. List ALL directors (names and									
Director Name Director Name									
MICHAEL PEREIRA				STEPHEN PERRY					
Street Address				Street Address					
_1076_HIXVILLE RD				2 ALTHAM ST.					
City	State	Zip				State	Zip		
DARTMOUTH	MA		2747	SWANSEA		МА		02777	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zıp	)	City		State		Zıp	
			_				ŀ		
9 Shares Authorized 10 Shares Issue				Check the box to indicate an attachment					
This information is currently of	NUMBER OF SE	NUMBER OF SHARES CLASS/SERIES PAR VALUE							
Department of State.			50 <u>0</u>	CNP		0		0	
Changes require an additional filing.								-	
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									
Just		برح	e4				<u>110</u>	1 LYON	
Signature of Authorized Regresentative 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