



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED T/A
 APR 05 2022
 BY

1. Entity ID Number 000034274		2. Exact name of the Corporation MILLS COFFEE ROASTING CO.			
3. Principal Office Address 1058 BROAD STREET			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 311920		6. Brief description of the character of business conducted in Rhode Island COFFEE ROASTING AND SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID MILLS			Vice-President Name SUSAN A. MILLS		
Street Address 80 SACHEM ROAD			Street Address 211 JACOB STREET		
City NARRAGANSETT	State RI	Zip 02852	City SEEKONK	State RI	Zip 02771
Secretary Name SUSAN A. MILLS			Treasurer Name SUSAN A. MILLS		
Street Address 211 JACOB STREET			Street Address 211 JACOB STREET		
City SEEKONK	State RI	Zip 02771	City SEEKONK	State RI	Zip 02771
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
			100		COMMON
					PAR VALUE
				0.00	
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 SUSAN A. MILLS					Date 4/5/2022
Signature of Authorized Representative 					

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