



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020 - Amended
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 RI BUS SVCS DIV
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1. Entity ID Number 001690888		2. Exact name of the Corporation 12M America's Fleet, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable and educational purposes			
4. NAICS Code 813110					
6. Principal Office Address 130 Bellevue Avenue			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda Lindquist-Bishop			Vice-President Name		
Street Address 24 Barney Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Richard N. Sayer			Treasurer Name James A. Hilton		
Street Address 130 Bellevue Avenue			Street Address 99 Peaceful Way		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard N. Sayer			Director Name James A. Hilton		
Street Address 130 Bellevue Avenue			Street Address 99 Peaceful Way		
City Newport	State RI	Zip 02840	City Tiverton	State RI	Zip 02878
Director Name Linda Linquist-Bishop			Director Name		
Street Address 24 Barney Street			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Richard N. Sayer				Date 03/23/2022	
Signature of Officer/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

APR 4 2022

BY

3:57



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 06, 2022 03:57 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written over a faint, larger version of the state seal.

Nellie M. Gorbea

Secretary of State

