



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD  
25 JUL 9 PM 3:06:08

1. Entity ID Number <b>000528276</b>		2. Exact name of the Corporation <b>Truax Corporation</b>										
3. Principal Office Address <b>40 Plain St.</b>		City <b>North Attleboro</b>	State <b>MA</b>									
		Zip <b>02760</b>										
4. NAICS Code <b>562998</b>	6. Brief description of the character of business conducted in Rhode Island <b>catch Basin Cleaning, Sewer Pipe Cleaning &amp; TV Inspection of Sewer &amp; Drain Lines</b>											
5. State of Incorporation <b>MASS</b>												
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <b>Lloyd Truax</b>		Vice-President Name <b>James Truax</b>										
Street Address <b>179 Oak St.</b>		Street Address <b>91 Bryant St</b>										
City <b>Foxboro</b>	State <b>MA</b>	City <b>Berkley</b>	State <b>MA</b>									
	Zip <b>02025</b>		Zip <b>02719</b>									
Secretary Name		Treasurer Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
	Zip		Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>										
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>200</b></td> <td style="text-align: center;"><b>CNP</b></td> <td style="text-align: center;"><b>0.00</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>CNP</b>	<b>0.00</b>			
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<b>200</b>	<b>CNP</b>	<b>0.00</b>										
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 <b>Cynthia J AKINS</b>		FILED	Date <b>7-8-25</b>									
Signature of Authorized Representative 		JUL 09 2025 <b>HWYYS</b>										

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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FORM 100- Revised 12/2021