



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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

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1. Entity ID Number 000528276		2. Exact name of the Corporation Truax Corporation	
3. Principal Office Address 40 Plain St.		City North Attleboro	State MA
		Zip 02760	
4. NAICS Code 562998	6. Brief description of the character of business conducted in Rhode Island catch Basin Cleaning, Sewer Pipe Cleaning & TV Inspection of Sewer & Drain Lines		
5. State of Incorporation MASS			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Lloyd Truax		Vice-President Name James Truax	
Street Address 179 Oak St.		Street Address 91 Bryant St	
City Foxboro	State MA	City Berkley	State MA
Zip 02025		Zip 02719	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200	CNP
			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. FILED			
Name of Authorized Representative Cynthia J AKINS			Date 7-8-25
Signature of Authorized Representative <i>Cynthia Akins</i>			BY Hwyys

MAIL TO:
Division of Business Services
149 W. River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

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