RI SOS Filing Number: 202576816580 Date: 7/9/2025 3:06:00 PM

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State of Rhode Island December 1 of State Rusiness Services Division						Eg		
Department of State - Business Services Div					300 P			
Corporation 2021					3:5 8:5 8:5			
Filing period: February 1 - May 1					568			
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.					22			
1 Folia ID Number 12 Fract name of the Corporation .								
000528276 Truax Cerperation State Zip								
3. Principal Office Address 40 Plain St.				North Attleboro MA 02760				
4. NAICS	Code							
562	198 cotch Basin Cleaning, Jewer ripe Cleaning.							
Third Later (names and addresses) Check the box to indicate an attachment								
7. List ALL officers (names and addresses) President Name Vice-President Name								
Lloyd Truax				James Irvay				
Street Address O.K. St.				91 Bryant St				
City C	1	State	Zio	City	- k la	State	0279	
to.	t para	MA	OXOX	Treasurer	Vame 1	, (**	<u> </u>	
Secretary Name								
Street Address				Street Address				
City		State	Zio	City		State	Zip	
	L directors (names and ad	dresses)		Director Na		to indicate an at	tacnment	
Director Name								
Street Address					Street Address			
City		State	Zip	City		Stato	Zio	
Director Na	Director Name			Director Name				
Street Address				Street Address				
City		State	Zip	City		State	Zip	
Q Sharps	Authorized		10. Shares Issue	d		x to Indicate an a		
This Information is currently of record in the			NUMBER OF SH		CLASS/SERIES		PAR VALUE	
Department of State.			200		CHP		.00	
Changes	require an additional filing.			_		Ì		
11. This re	eport must be executed or	n behalf of the con	poration by an aut	horized rep	resentative. If the corpore	ition is in the han	ds of a re-	
ceiver 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 the budget of perjury, I declare and affirm that I have examined this report the budget of perjury.								
statements, and that all statements contained herein are true and correct.								
Name of Authorized Representative Capathia J PKINS JUL 0 9 2025 7-8-25							,	
Signature of Authorized Representative (A) (A) (A) (A) (B) (B)								
MAIL TO:		1		(1 2/2	7 MI			

Phone: (401) 222-3040 Website: www.sos.d.gov