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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.

1. Entity ID Number	2. Exact name of the Corporation
000096637	Meritor, Inc.

3. Principal Office Address	City	State	Zip
Troy Headquarters, 2135 W Maple Rd	Troy	MI	48084

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
551112	Inactive/Name Holder
5. State of Incorporation	
NV	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Ken Hogan	Troy Headquarters, 2135 W Maple Rd	Troy	MI	48084

Vice-President Name	Street Address	City	State	Zip
Ken Hogan	Troy Headquarters, 2135 W Maple Rd	Troy	MI	48084

Secretary Name	Street Address	City	State	Zip
Nicole Y. Lamb-Hale	Troy Headquarters, 2135 W Maple Rd	Troy	MI	48084

Treasurer Name	Street Address	City	State	Zip
Donald G. Jackson	Troy Headquarters, 2135 W Maple R	Troy	MI	48084

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Donald G. Jackson	Troy Headquarters, 2135 W Maple Rd	Troy	MI	48084

Director Name	Street Address	City	State	Zip
Sarah Vance	Troy Headquarters, 2135 W Maple R	Troy	MI	48084

Director Name	Street Address	City	State	Zip
Roshunda Price	Troy Headquarters, 2135 W Maple Rd	Troy	MI	48084

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	Common	$1.00

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	Date
Nicole Y. Lamb-Hale	04/22/2024

Signature of Authorized Representative: Nicole Y Lamb-Hale

JUL 09 2025
BY mqtxd

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023