



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2022
Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 OCT 27 A 11:40

1. Entity ID Number 000004746		2. Exact name of the Corporation CONSUMERS MOVING CO., INC.			
3. Principal Office Address 750 WELLINGTON AVENUE			City CRANSTON	State RI	Zip 02910
4. NAICS Code 484210		6. Brief description of the character of business conducted in Rhode Island MOVING AND STORAGE OF GOODS TITLE: 7-1.1-51			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARILYNN KERNAN			Vice-President Name JOHN LACROIX		
Street Address 219 OAK TREE AVENUE			Street Address 750 WELLINGTON AVE		
City WARWICK	State RI	Zip 02886	City CRANSTON	State RI	Zip 02910
Secretary Name MARILYNN KERNAN			Treasurer Name JOHN LACROIX		
Street Address 219 OAK TREE AVENUE			Street Address 750 WELLINGTON AVE		
City WARWICK	State RI	Zip 02886	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KEVIN P. KERNAN			Director Name MARILYNN KERNAN		
Street Address 219 OAK TREE AVENUE			Street Address 219 OAK TREE AVENUE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			600		0
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 KEVIN P. KERNAN				Date 10/27/2023	
Signature of 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

OCT 27 2023
BY ML JIKXR
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