



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 88334		2. Name of Corporation TRI-STATE APPLIANCE, INC.			
3. Street Address Principal Business Office 1050 GREAT ROAD			City LINCOLN	State RI	Zip 02865
4. Business Phone No. 401-475-5241		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island To manufacture, buy, sell, export, import and deal in retail and wholesale of built-in appliances of every nature.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Timothy M. Petit			Vice President Name None		
Street Address 1050 Great Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name None			Treasurer Name Timothy M. Petit		
Street Address			Street Address 1050 Great Road		
City	State	Zip	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Timothy M. Petit			Director Name None		
Street Address 1050 Great Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	No Par Value		100	Common	No Par Value

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CORPORATIONS DIV  
MAR 11 11:37 AM '08

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.

**FILED**

File Date MAR 04 2008 11:37

Check No. \_\_\_\_\_

By: Kmc

By: OSIS34

FOR SECRETARY OF STATE USE ONLY

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.

TMP 3/3/08

Signature \_\_\_\_\_ Date \_\_\_\_\_

Timothy M. Petit

Print or Type Name

President

Title