



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 2009

**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(c), 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. 12088		2. Name of Corporation TRIMM, INC.			
3. Street Address Principal Business Office 105 Franklin Street			City Westerly	State RI	Zip 02891
4. Business Phone No. (401) 596 0302		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATING A HOME CENTER					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas E. McQuade			Vice President Name Jean H. McQuade		
Street Address 25 Camp Yawgoog Road			Street Address 25 Camp Yawgoog Road		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Secretary Name Jean H. McQuade			Treasurer Name Thomas E. McQuade		
Street Address 25 Camp Yawgoog Road			Street Address 25 Camp Yawgoog Road		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas E. McQuade			Director Name Jean H. McQuade		
Street Address 25 Camp Yawgoog Road			Street Address 25 Camp Yawgoog Road		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 2000	Class/Series Common	Par Value None

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.

File Date	2-11-09
Check No.	6331
By:	<i>mmc</i>
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.

*Thomas McQuade* 2-6-09  
Signature Date  
Thomas McQuade  
Print or Type Name  
President  
Title