



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 2010

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. 53744		2. Name of Corporation TRASK PETROLEUM EQUIPMENT COMPANY			
3. Street Address Principal Business Office 800 ELMWOOD AVENUE			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. 401-469-9050		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CONDUCTING SALE AND SERVICE OF PETROLEUM AND CHEMICAL EQUIPMENT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL K. TRASK			Vice President Name PAUL K. TRASK, JR.		
Street Address 8 LAKESIDE TERRACE			Street Address 6 RAVEN BOULEVARD		
City VOLUNTOWN	State CT	Zip 06384	City COVENTRY	State RI	Zip 02816
Secretary Name SHARON TRASK			Treasurer Name PAUL K. TRASK		
Street Address 8 LAKESIDE TERRACE			Street Address 8 LAKESIDE TERRACE		
City VOLUNTOWN	State CT	Zip 06384	City VOLUNTOWN	State CT	Zip 06384
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAUL K. TRASK			Director Name SHARON TRASK		
Street Address 8 LAKESIDE TERRACE			Street Address 8 LAKESIDE TERRACE		
City VOLUNTOWN	State CT	Zip 06384	City VOLUNTOWN	State CT	Zip 06384
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"/>		
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	Class Series	Par Value
			100	COMMON	NO PAR

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 **FILED**

Check No. **FEB 19 2010**

By: **21470**

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.

Signature: **PAUL K. TRASK** Date: **2-17-10**

Print or Type Name
PAUL K. TRASK

Title
PRESIDENT