

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

. Corporate ID No. 92176	2. Name of Cor TOURBILI	2. Name of Corporation TOURBILLON TRAILER SALES, INC.				
3. Street Address Principal Business Office 401 Snake Hill Road			City North Scituate	State RI	Zip 02857	
(40l) 934-2221 Rhode Island			•			
i. Brief Description of the Cha horse and utility trailer	racter of Business Condu sales and repair	cted in Rhode Island				
. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name Julian P. Forgue			Vice President Name			
Street Address			Julian P. Forgue Street Address			
401 Snake Hill Road			401 Snake Hill Road			
ાંપ્ર North Scituate	State RI	^{Дір} 02857	City North Scituate	State RI	^{Zip} 02857	
ecretary Name ulian P. Forgue			Treasurer Name Julian P. Forgue			
Street Address 401 Snake Hill Road			Street Address 401 Snake Hill Road			
iny North Scituate	State RI	^{Zip} 02857	City North Scituate	State RI	Zip 02857	
. NAMES AND ADDREST Prector Name None	SSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) FILL IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS	
treel Address			Street Address			
ity	State	Zip	City	State	Zip	
irector Name	•••••	······J	Director Name			
treet Address			Street Address			
ity	State	Zip	City	State	Zip	
SHARES AUTHORIZE	P EGALAGAS	Marie Control Control		 <i>("X" BOX FOR ATTAC</i> TION <u>MUST</u> BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value	
			100	common	no par value	
			では、 という	en en en et et	CARLO DE LA SERVICIO	
his report must be execuis report must be execu	uted on behalf of the	ne corporation by an authorize e corporation by the receiver of	d representative. If the coor trustee.	orporation is in the hand	s of a receiver or tru	

	ind annuli diai i have examined this report
including any accompanying schedu	iles and statements, and that all statements
contained herein are true and correct	t.
<u> </u>	1/6/2011 V
Signature	Date
Julian P. Forgue	
Print or Type Name	
President	
Title	
	Form 630 Day 00/00