



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 38539		2. Exact name of the Corporation TUSKY, INCORPORATED			
3. Principal office address 45 1/2 CANAL STREET			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-596-7554		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island RENTAL, SALE AND SERVICING OF PORTABLE TOILETS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name FRANK A. TOSCANO			Vice-President Name NONE		
Street Address 37 BELLEVUE AVENUE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Secretary Name FRANK A. TOSCANO			Treasurer Name FRANK A. TOSCANO		
Street Address 37 BELLEVUE AVENUE			Street Address 37 BELLEVUE AVENUE		
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name FRANK A. TOSCANO			Director Name NONE		
Street Address 37 BELLEVUE AVENUE			Street Address		
City WESTERLY	State RI	Zip 02891	City	State	Zip
Director Name NONE			Director Name NONE		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 COMMON NP	COMMON	NPV

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 _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 AUG 03 2017
 3330

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.
Frank A. Toscano 8.1.12
 Signature of Authorized Representative Date
FRANK A. TOSCANO
 Print or Type Name of Authorized Representative