



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 **2013**

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 <b>38539</b>		2 Exact name of the Corporation <b>TUSKY, INCORPORATED</b>			
3 Principal office address <b>45 1/2 CANAL STREET</b>		City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	
4. Business Phone No <b>401-596-7554</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6 Brief description of the character of business conducted in Rhode Island <b>RENTAL, SALE AND SERVICING OF PORTABLE TOILETS</b>					
<b>PRESIDENT AND VICE-PRESIDENT NAMES AND ADDRESSES (SEE BOX FOR ATTACHMENT)</b>					
President Name <b>FRANK A. TOSCANO</b>			Vice-President Name <b>NONE</b>		
Street Address <b>37 BELLEVUE AVENUE</b>			Street Address		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Secretary Name <b>FRANK A. TOSCANO</b>			Treasurer Name <b>FRANK A. TOSCANO</b>		
Street Address <b>37 BELLEVUE AVENUE</b>			Street Address <b>37 BELLEVUE AVENUE</b>		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
<b>DIRECTOR NAMES AND ADDRESSES (SEE BOX FOR ATTACHMENT)</b>					
Director Name <b>FRANK A. TOSCANO</b>			Director Name <b>NONE</b>		
Street Address <b>37 BELLEVUE AVENUE</b>			Street Address		
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</b>					
<b>NO SHARES ISSUED (SEE BOX FOR ATTACHMENT)</b>					
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**

**MAR 13 2013**

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* 3-4-2013  
 Signature of Authorized Representative Date

**FRANK A. TOSCANO**

Print or Type Name of Authorized Representative

*BY (m)*  
*29492527*