



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 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					
PRESIDENT NAME, STREET ADDRESS, CITY, STATE AND ZIP					
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
DIRECTOR NAME, STREET ADDRESS, CITY, STATE AND ZIP					
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
SHARES AUTHORIZED					
NO SHARES ISSUED (FOR ATTACHMENT)					
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