



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. 000160479		2. Exact name of the Corporation Northeast Trailer Remarketing Corp.				
3. Principal office address 1500 Elmwood Avenue			City Cranston	State RI	Zip 02910	
4. Business Phone No. (401) 941-4445			5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Sale and leasing of trailers						
President Name Anthony Pierpaoli			Vice-President Name None			
Street Address 16 Tunmore Road			Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip	
Secretary Name None			Treasurer Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
7. LIST ALL DIRECTORS NAMES AND ADDRESSES (SEE INSTRUCTIONS)						
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. SHARES AUTHORIZED						
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
				1000	Common	No par

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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
 JUN 14 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.

Signature of Authorized Representative: *[Signature]* KRES
 Date: 6/14/2013
 Print or Type Name of Authorized Representative: **Anthony Pierpaoli, President**

By 199391
 KM