



**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. <b>000160479</b>		2. Exact name of the Corporation <b>Northeast Trailer Remarketing Corp.</b>			
3. Principal office address <b>1500 Elmwood Avenue</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
4. Business Phone No. <b>(401) 941-4445</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Sale and leasing of trailers</b>					
President Name <b>Anthony Pierpaoli</b>			Vice-President Name <b>None</b>		
Street Address <b>16 Tunmore Road</b>			Street Address		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED			9. SHARES HELD BY CORPORATION		
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** 2:55 pm  
 JUN 14 2013  
 199391  
 KM

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.

*Anthony Pierpaoli* PRES 6/14/2013  
 Signature of Authorized Representative Date  
**Anthony Pierpaoli, President**  
 Print or Type Name of Authorized Representative