



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 2011

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 21 Avery Road		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			
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			
9. 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

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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
Anthony Pierpaoli, President

Date

6/14/2013

Print or Type Name of Authorized Representative

By 199391
KM