



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 2015

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. 10906		2. Exact name of the Corporation TONY'S TRAILER TOWN, INC.			
3. Principal office address 168 Putnam Pike		City Johnston	State RI	Zip 02919	
4. Business Phone No. 401-231-1170		5. State of Incorporation Rhode island			
6. Brief description of the character of business conducted in Rhode Island Dealing in truck caps and truck accessories					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Pauline Leandro		Vice-President Name Robert Gomes			
Street Address 1424 County Road 82		Street Address 161 Jefferson Road			
City Crossville	State AL	Zip 35962	City Harrisville	State RI	Zip 02830
Secretary Name Robert Gomes		Treasurer Name Denise Gomes			
Street Address 161 Jefferson Road		Street Address 161 Jefferson Road			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name None		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX 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	No Par

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
FEB 05 2015

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

Date

Robert Gomes, Vice President

Print or Type Name of Authorized Representative