



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>88334</b>		2. Exact name of the Corporation <b>TRI STATE APPLIANCE INSTALLATION INC.</b>			
3. Principal Office Address <b>1050 GREAT ROAD</b>		City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>APPLIANCE INSTALLATION</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>TIMOTHY PETIT</b>			Vice-President Name <b>TIMOTHY PETIT</b>		
Street Address <b>1050 GREAT ROAD</b>			Street Address <b>1050 GREAT ROAD</b>		
City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	
State <b>RI</b>		Zip <b>02865</b>		State <b>RI</b>	
City <b>LINCOLN</b>		Zip <b>02865</b>		City <b>LINCOLN</b>	
Secretary Name <b>TIMOTHY PETIT</b>			Treasurer Name <b>TIMOTHY PETIT</b>		
Street Address <b>1050 GREAT ROAD</b>			Street Address <b>1050 GREAT ROAD</b>		
City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>	City <b>LINCOLN</b>	
State <b>RI</b>		Zip <b>02865</b>		State <b>RI</b>	
City <b>LINCOLN</b>		Zip <b>02865</b>		City <b>LINCOLN</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>TIMOTHY PETIT</b>			Director Name		
Street Address <b>1050 GREAT ROAD</b>			Street Address		
City <b>LINCOLN</b>		State <b>RI</b>	Zip <b>02865</b>	City	
State <b>RI</b>		Zip <b>02865</b>		State	
City <b>LINCOLN</b>		Zip <b>02865</b>		City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
City		Zip		City	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.			10. Shares Issued		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NPV
11. 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.					
<b>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.</b>					
Name of Authorized Representative <b>TIMOTHY PETIT</b>				Date <b>2-8-17</b>	
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

**FILED**

FEB 10 2017

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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov