



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 99907		2. Exact name of the Corporation TURNER SALES, INC.			
3. Principal Office Address 132 OLD RIVER ROAD, SUITE 205		City LINCOLN		State RI	Zip 02865
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island TO OPERATE, CONDUCT, MANAGE, MAINTAIN & CARRY ON THE SALES OF FOOD AND FOOD ITEMS				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT H. TURNER, JR.			Vice-President Name JOHN J. MACHNIK		
Street Address 19 GREAT MEADOWS LANE			Street Address 333 CLAYPOOL DRIVE		
City LINCOLN	State RI	Zip 02865	City WARWICK	State RI	Zip 02886
Secretary Name ROBERT H. TURNER, JR.			Treasurer Name ROBERT H. TURNER, JR.		
Street Address 19 GREAT MEADOWS LANE			Street Address 19 GREAT MEADOWS LANE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBERT H. TURNER, JR.			Director Name JOHN J. MACHNIK		
Street Address 19 GREAT MEADOWS LANE			Street Address 333 CLAYPOOL DRIVE		
City LINCOLN	State RI	Zip 02865	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
1000		COMMON		NO PAR	
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.					
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.					
Name of Authorized Representative ROBERT H. TURNER, JR., PRESIDENT					Date 2/6/17
Signature of Authorized Representative <i>Robert H. Turner Jr., President</i>					

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

FILED

FEB 10 2017

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FORM 630 - Revised: 10/2016