



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

2017 FEB 15 PM 2:32
 R.I. DEPARTMENT OF STATE
 RECEIVED

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 001338386		2. Exact name of the Corporation Tribles Inc			
3. Principal Office Address 16200 QUEENS COURT			City UPPER MARLBORO	State MD	Zip 20774
4. Business Phone Number: 3014306100		6. Brief description of the character of business conducted in Rhode Island WHOLESALE OF APPLIANCE PARTS			
5. State of Incorporation MD					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name PRESTON G. TRIBLE			Vice-President Name MICHAEL C ALMEIDA		
Street Address 640 DEERFIELD FARM ROAD			Street Address 8515 INNISFREE DR		
City GREAT FALLS	State VA	Zip 22066	City SPRINGFIELD	State VA	Zip 22153
Secretary Name JOHN R TRIBLE - Vice President			Treasurer Name JOHN BAILEY - Vice President		
Street Address 1327 LAWSON LN			Street Address 305 MCKAY RD		
City MCLEAN	State VA	Zip 22101	City STEVENSVILLE	State MD	Zip 21666
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name PRESTON G. TRIBLE			Director Name		
Street Address 640 DEERFIELD FARM ROAD			Street Address		
City GREAT FALLS	State VA	Zip 22066	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		305.00		CNP	0.00
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. <i>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.</i>					
Name of Authorized Representative <i>[Signature]</i>					Date 2/15/17
SIGNATURE OF AUTHORIZED REPRESENTATIVE SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FORM 630 - Revised: 08/2016

FEB 15 2017

BY 6226 A.A.