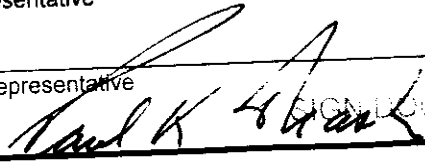




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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>53744</b>		2. Exact name of the Corporation <b>TRASK PETROLEUM EQUIPMENT COMPANY</b>			
3. Principal Office Address <b>800 ELMWOOD AVENUE</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>42 - Wholesale Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONDUCTING SALE AND SERVICE OF PETROLEUM AND CHEMICAL EQUIPMENT</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>PAUL K. TRASK</b>			Vice-President Name <b>PAUL K. TRASK, JR.</b>		
Street Address <b>8 LAKESIDE TERRACE</b>			Street Address <b>5 RAVEN BOULEVARD</b>		
City <b>VOLUNTOWN</b>	State <b>CT</b>	Zip <b>06384</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>SHARON TRASK</b>			Treasurer Name <b>PAUL K. TRASK</b>		
Street Address <b>8 LAKESIDE TERRACE</b>			Street Address <b>8 LAKESIDE TERRACE</b>		
City <b>VOLUNTOWN</b>	State <b>CT</b>	Zip <b>06384</b>	City <b>VOLUNTOWN</b>	State <b>CT</b>	Zip <b>06384</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>PAUL K. TRASK</b>			Director Name <b>SHARON TRASK</b>		
Street Address <b>8 LAKESIDE TERRACE</b>			Street Address <b>8 LAKESIDE TERRACE</b>		
City <b>VOLUNTOWN</b>	State <b>CT</b>	Zip <b>06384</b>	City <b>VOLUNTOWN</b>	State <b>CT</b>	Zip <b>06384</b>
Director Name			Director Name		
Street Address			Street Address		
City			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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</b>
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 <b>PAUL K. TRASK</b>			Date <b>2-14-17</b>		
Signature of Authorized Representative 			BY 