



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>000011459</b>		2. Exact name of the Corporation <b>TRAIL AUTO SALES INC. DBA TOP-STITCH</b>			
3. Principal Office Address <b>245 WAMPANAGO TRAIL</b>		City <b>RIVERSIDE</b>	State <b>RI</b>	Zip <b>02915</b>	
4. NAICS Code <b>44-45</b>		6. Brief description of the character of business conducted in Rhode Island <b>HOME, AUTO, MARINE &amp; COMMERCIAL UPHOLSTERY &amp; AUTO SALES</b>			
5. State of Incorporation <b>RI</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>STEVEN SULLIVAN</b>			Vice-President Name <b>ROBERT SULLIVAN</b>		
Street Address <b>154 SECOND ST.</b>			Street Address <b>1261 KINGSTOWN RD.</b>		
City <b>E. PROVIDENCE</b>	State <b>RI</b>	Zip <b>00914</b>	City <b>PEACEDALE</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>STEVEN SULLIVAN</b>			Treasurer Name <b>STEVEN SULLIVAN</b>		
Street Address <b>SAME AS ABOVE</b>			Street Address <b>SAME AS ABOVE</b>		
City <b>SAME AS ABOVE</b>	State <b>RI</b>	Zip <b>00914</b>	City <b>SAME AS ABOVE</b>	State <b>RI</b>	Zip <b>00914</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			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 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	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>CNP</b>	<b>0.000</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. <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 <i>Steven Sullivan</i>				Date <b>2/14/17</b>	
Signature of Authorized Representative <i>Steven Sullivan</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

FORM 630 - Revised: 02/2017

**FILED**  
 AUG 16 2017  
 BY 1495