



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

STAMP

Annual Report for the year: 2018
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 000012088		2. Exact name of the Corporation TRIMM, INC.			
3. Principal Office Address 105 Franklin Street			City Westerly	State RI	Zip 02891
4. NAICS Code 444110		6. Brief description of the character of business conducted in Rhode Island OPERATING A HOME CENTER			
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 Thomas E. McQuade			Vice-President Name Jean H. McQuade		
Street Address 25 Camp Yawgoog Road			Street Address 25 Camp Yawgoog Road		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Secretary Name Jean H. McQuade			Treasurer Name Thomas E. McQuade		
Street Address 25 Camp Yawgoog Road			Street Address 25 Camp Yawgoog Road		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jean H. McQuade			Director Name Thomas E. McQuade		
Street Address 25 Camp Yawgoog road			Street Address 25 Camp Yawgoog Road		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
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 2000	CLASS/SERIES Common	PAR VALUE None	
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 Thomas E. McQuade					Date 1-12-18
Signature of Authorized Representative <i>Thomas E. McQuade</i>					FILED SIGN DOCUMENT HERE JAN 18 2018

BY *[Signature]* **2862**

MAIL TO:
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov