



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

FILED

Annual Report for the year: **2018**

FEB 01 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.

BY 33133

1. Entity ID Number 30573		2. Exact name of the Corporation Tri-Power Sales & Service, Inc.			
3. Principal Office Address 64 Minnesota Avenue		City Warwick		State RI	Zip 02888
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Sales and Service			
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 E. Davis, Jr.			Vice-President Name		
Street Address 219 Main Avenue			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Donna J. Davis			Treasurer Name Donna J. Davis		
Street Address 219 Main Avenue			Street Address 219 Main Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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					
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		C: ASS:SERIES		PAR VALUE	
100		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 E. Davis, Jr.					Date 1/19/18
Signature of Authorized Representative 					

MAIL TO:
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