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

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	2. Exact name of the Corporation			
53744	TRASK PETROLEUM EQUIPMENT COMPANY			
3. Principal Office Address		City	State	Zip
800 ELMWOOD AVENUE		PROVIDENCE	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811111	CONDUCTING SALE AND SERVICE OF PETROLEUM AND CHEMICAL EQUIPMENT			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
PAUL K. TRASK	8 LAKESIDE TERRACE	VOLUNTOWN	CT	06384

Vice-President Name	Street Address	City	State	Zip
PAUL K. TRASK, JR.	5 RAVEN BOULEVARD	COVENTRY	RI	02816

Secretary Name	Street Address	City	State	Zip
SHARON TRASK	8 LAKESIDE TERRACE	VOLUNTOWN	CT	06384

Treasurer Name	Street Address	City	State	Zip
PAUL K. TRASK	8 LAKESIDE TERRACE	VOLUNTOWN	CT	06384

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
PAUL K. TRASK	8 LAKESIDE TERRACE	VOLUNTOWN	CT	06384

Director Name	Street Address	City	State	Zip
SHARON TRASK	8 LAKESIDE TERRACE	VOLUNTOWN	CT	06384

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
PAUL K. TRASK	2-28-18

Signature of Authorized Representative: Paul K Trask

FILED
MAR 02 2018

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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