



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

STAMP

- 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 58448		2. Exact name of the Corporation TSCO, INC.			
3. Principal Office Address 735 East Road			City Scituate	State RI	Zip 02857
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Manufacture of trusses.			
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 Lorraine D. Duckworth			Vice-President Name Lorraine D. Duckworth		
Street Address 735 East Road			Street Address 735 East Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Lorraine D. Duckworth			Treasurer Name Lorraine D. Duckworth		
Street Address 735 East Road			Street Address 735 East Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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 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 500	CLASS/SERIES Common	PAR VALUE No Par Value
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 Lorraine D. Duckworth <i>Lorraine D. Duckworth</i>					Date 2/26/18
Signature of Authorized Representative					
SIGN DOCUMENT HERE					
BY 14540 DS					