



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
Corporation

2019 JAN -3 PM 2:10

- 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 00092176		2. Exact name of the Corporation Tourbillon Trailer Sales, Inc.			
3. Principal Office Address 401 Snake Hill Road			City North Scituate	State RI	Zip 02857
4. NAICS Code or 441210		6. Brief description of the character of business conducted in Rhode Island Horse and Utility Trailer Sales and Repair			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael A. DiPalma			Vice-President Name Michael A. DiPalma		
Street Address 401 Snake Hill Road			Street Address 401 Snake Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Michael A. DiPalma			Treasurer Name Michael a. DiPalma		
Street Address 401 Snake Hill Road			Street Address 401 Snake Hill Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name leone			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		CLASS/SERIES	
		PAR VALUE			
		100	CNP	0.00	
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 Michael A. DiPalma					Date 1/3/19
Signature of Authorized Representative 					

FILED

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

JAN 03 2019

BY 9KKC2