



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

**Annual Report for the year:** 2019  
**Corporation**

SECRETARY OF STATE  
 CORPORATIONS DIV

2019 DEC -2 AM 11:09

- 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 <b>000011459</b>		2. Exact name of the Corporation <b>TRAIL AUTO SALES INCORPORATED</b>			
3. Principal Office Address <b>245 WAMPANOAG TRAIL</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>423110</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOBILE AND OTHER MOTOR VEHICLE MERCHANT WHOLESALERS</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>STEVEN SULLIVAN</b>			Vice-President Name <b>ROBERT A. SULLIVAN</b>		
Street Address <b>154 SECOND STREET</b>			Street Address <b>1257 KINGSTOWN RD.</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>PEACEDALE</b>	State <b>RI</b>	Zip <b>02883</b>
Secretary Name <b>STEVEN SULLIVAN</b>			Treasurer Name <b>STEVEN SULLIVAN</b>		
Street Address <b>154 SECOND STREET</b>			Street Address <b>154 SECOND STREET</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STEVEN SULLIVAN</b>			Director Name		
Street Address <b>154 SECOND ST.</b>			Street Address		
City <b>E. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>CNP</b>	<b>Ø</b>
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. <b>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.</b>					
Name of Authorized Representative <b>STEVEN SULLIVAN</b>				Date <b>11-14-19</b>	
Signature of Authorized Representative <i>Steven Sullivan</i>			SIGN DOCUMENT HERE		

**FILED**

11:10  
 DEC 2 2019  
 BY *JBJ* *COV X J*