



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

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 DEC -2 AM 11:09

1. Entity ID Number 000011459		2. Exact name of the Corporation TRAIL AUTO SALES INCORPORATED			
3. Principal Office Address 245 WAMPANOAG TRAIL		City EAST PROVIDENCE		State RI	Zip 02915
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE AND OTHER MOTOR VEHICLE MERCHANT WHOLESALE			
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 STEVEN SULLIVAN			Vice-President Name ROBERT A. SULLIVAN		
Street Address 154 SECOND STREET			Street Address 1257 KINGSTOWN RD.		
City EAST PROVIDENCE	State RI	Zip 02914	City PEACEDALE	State RI	Zip 02883
Secretary Name STEVEN SULLIVAN			Treasurer Name STEVEN SULLIVAN		
Street Address 154 SECOND STREET			Street Address 154 SECOND STREET		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STEVEN SULLIVAN			Director Name		
Street Address 154 SECOND ST.			Street Address		
City E. PROVIDENCE	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 0
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 STEVEN SULLIVAN				Date 11-14-19	
Signature of Authorized Representative <i>Steven Sullivan</i>				SIGN DOCUMENT HERE FILED DEC 2 2019 BY J.B. CAVXJ	