



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

Annual Report for the year: 2020
Corporation

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

FILED

JAN 31 2020

BY JS/SL/2 DS

1. Entity ID Number 000010906		2. Exact name of the Corporation Tony's Trailer Town, Inc.			
3. Principal Office Address 161 Jefferson Road		City Harrisville		State RI	Zip 02830
4. NAICS Code 441310	6. Brief description of the character of business conducted in Rhode Island Automotive parts & accessories				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Denise Gomes			Vice-President Name Denise Gomes		
Street Address 161 Jefferson Road			Street Address 161 Jefferson Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Denise Gomes			Treasurer Name Denise Gomes		
Street Address 161 Jefferson Road			Street Address 161 Jefferson Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Denise Gomes			Director Name		
Street Address 161 Jefferson Road			Street Address		
City Harrisville	State RI	Zip 02830	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		
			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 Denise Gomes				Date 1/20/20	
Signature of Authorized Representative <i>Denise Gomes</i>				SIGN DOCUMENT HERE	