



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
FEB 27 2023
FEB 27 2023
BY *[Signature]*
BY *[Signature]*

1. Entity ID Number 99907		2. Exact name of the Corporation TURNER SALES, INC.			
3. Principal Office Address 2180 MENDON ROAD, SUITE 9		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 425120		6. Brief description of the character of business conducted in Rhode Island WHOLESALE TRACE AGENTS AND BROKERS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT H. TURNER, JR.		Vice-President Name			
Street Address 19 GREAT MEADOWS LANE		Street Address			
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name ROBERT H. TURNER, JR.		Treasurer Name			
Street Address 19 GREAT MEADOWS LANE		Street Address			
City LINCOLN	State RI	Zip 02865	City	State	Zip
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 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		CLASS/SERIES	PAR VALUE
		1000	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 ROBERT H. TURNER, JR., PRESIDENT					Date 02/20/2023
Signature of Authorized Representative <i>Robert H. Turner, Jr. President</i>					

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

FORM 630 - Revised: 2/2023