



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2023**

Corporation _____

AUG 21 2023 *or*
534

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 851855		2. Exact name of the Corporation Trinity Sales, Inc.			
3. Principal Office Address 124 Swan Road			City Smithfield	State RI	Zip 02917
4. NAICS Code 541613		6. Brief description of the character of business conducted in Rhode Island SALES AND MARKETING			
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 David Russas			Vice-President Name Vacant		
Street Address 124 Swan Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name David Russas			Treasurer Name David Russas		
Street Address 124 Swan Road			Street Address 124 Swan Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Russas			Director Name		
Street Address 124 Swan Road			Street Address		
City Smithfield	State RI	Zip 02917	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		
			NUMBER OF SHARES 10	CLASS/SERIES COMMON	PAR VALUE 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 DAVID RUSSAS				Date 6/29/2023	
Signature of Authorized Representative <i>David Russas</i>					

MAIL TO:
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Website: www.sos.ri.gov