



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2024 JUN -3 PM 1:58
BY 105140

1. Entity ID Number 000088334		2. Exact name of the Corporation TRI STATE APPLIANCE INC			
3. Principal Office Address 1050 GREAT ROAD		City LINCOLN		State RI	Zip 02865
4. NAICS Code 810990		6. Brief description of the character of business conducted in Rhode Island APPLIANCE INSTALLATION SERVICES			
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 TIMOTHY PETIT			Vice-President Name TIMOTHY PETIT		
Street Address 1050 GREAT ROAD			Street Address 1050 GREAT ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name TIMOTHY PETIT			Director Name		
Street Address 1050 GREAT ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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		
			100 COMMON NPV		
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. <i>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.</i>					
Name of Authorized Representative TIMOTHY PETIT					Date ✓ 5-20-24
Signature of Authorized Representative ✓					

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 12/2023