



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

- 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 000310861		2. Exact name of the Corporation TSI Tank Services, Inc.			
3. Principal Office Address 115 Stag Head Drive			City Pascoag	State RI	Zip 02859
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island To operate and conduct a business for the sale, distribution, service and parts of trucks and truck tanks.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gerald D. Blake, Jr.			Vice-President Name Amanda F. Hensarling		
Street Address 115 Stag Head Drive			Street Address 115 Stag Head Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Gerald D. Blake, Jr.			Treasurer Name Amanda F. Hensarling		
Street Address 115 Stag Head Drive			Street Address 115 Stag Head Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.			NUMBER OF SHARES CLASS/SFR FS PAR VALUE		
			1,000 Common Shares 0.01 par value		
Changes require an additional filing.					
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 Gerald D. Blake, Jr. - President				Date 1/20/2025	
Signature of Authorized Representative <i>[Signature]</i>					

FILED

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

JAN 29 2025



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