



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