



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**  
**STAMP**  
**APR 19 2023**  
**BY 5939**  
**ES**

1. Entity ID Number <b>53744</b>		2. Exact name of the Corporation <b>TRASK PETROLEUM EQUIPMENT COMPANY</b>			
3. Principal Office Address <b>800 ELMWOOD AVENUE</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>811111</b>		6. Brief description of the character of business conducted in Rhode Island <b>CONDUCTING SALE AND SERVICE OF PETROLEUM AND CHEMICAL EQUIPMENT</b>			
5. State of Incorporation <b>RHODE ISLAND</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>PAUL K. TRASK</b>			Vice-President Name <b>PAUL K. TRASK, JR.</b>		
Street Address <b>1457 KILBERRY WAY</b>			Street Address <b>5 RAVEN BOULEVARD</b>		
City <b>VENICE</b>	State <b>FL</b>	Zip <b>34292</b>	City <b>GREENE</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>SHARON TRASK</b>			Treasurer Name <b>PAUL K. TRASK</b>		
Street Address <b>1457 KILBERRY WAY</b>			Street Address <b>1457 KILBERRY WAY</b>		
City <b>VENICE</b>	State <b>FL</b>	Zip <b>34292</b>	City <b>VENICE</b>	State <b>FL</b>	Zip <b>34292</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 <b>PAUL K. TRASK</b>			Director Name <b>SHARON TRASCK</b>		
Street Address <b>1457 KILBERRY WAY</b>			Street Address <b>1457 KILBERRY WAY</b>		
City <b>VENICE</b>	State <b>FL</b>	Zip <b>34292</b>	City <b>VENICE</b>	State <b>FL</b>	Zip <b>34292</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</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.					
<b>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.</b>					
Name of Authorized Representative <b>PAUL K. TRASK</b>				Date <b>4/14/2023</b>	
Signature of Authorized Representative <i>Paul K Trask</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