

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St. Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR.

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (RIGL 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 2. Name of Corporation 1. Corporate ID No $Z\phi$ State 3. Street Address Principal Business Office RI 02914 120 Pershing 4. Business Phone No 5. State of Incorporation 401 - 431 - 1744 6. Brief Description of the Character of Business Conducted in Rhode Island To operate an automotive towing service
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Steven Ladeira Steven Ladeira Street Address Street Address Zip02914 RI 02914 Secretary Name Treasurer Name Steven Nicole Street Address Street Address Pershing State City 02914 R# 02914 RI Providence 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Steven Nicole Street Address 120 120 2ipCtty & Providence 02914 RI 02914 Director Name Director Name Street Address Street Address Z_{ip} City State Zφ City State 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Par Value Number of Shares Class/Series Class/Series 600 NPV 600 NPV Lommon common 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 repo including any accompanying schedules and statements, and that all statement	ort,
File Date EILED	contained hereful are true and correct.	_
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By: 3684 3666 FOR SECRETARY OF STATE USE ONLY	Frint or Type Name	
FOR SECRETARY OF STATE USE UND	Title Form 630 Rev. 12/05	