RI SOS Filing Number: 200940246230 Date: 01/12/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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 (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
000040664	DAVES Towing Service, Inc.		
3. Street Address Principal Business Office	City	State	Zip
179 Pleasant View Ave.	Smithfield	R.I.	02917
4. Business Phone No.	5. State of Incorporation		
(401) 231-5359	R.I.		

6. Brief Description of the Character of Business Conducted in Rhode Island
Towing And Road Service And Minor Mechanical Repairs

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	Vice President Name
	Virginia Schlemmer-Lavoie	Virginia Schlemmer-Lavoie
Street Address	190 Mann School Rd	190 Mann School Rd
City / State / Zip	Smithfield / RI / 02917	Smithfield / RI / 02917
	Secretary Name	Treasurer Name
	Henri J. Lavoie	Virginia Schlemmer-Lavoie
Street Address	190 Mann School Rd	190 Mann School Rd
City / State / Zip	Smithfield / RI / 02917	Smithfield / RI / 02917

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000 SHS NO PAR	CNP	0.00
COMMON STOCK		

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.

[redacted] [redacted]

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.

Virginia M. Schlemmer-Lavoie 1/7/09
Signature *Date*

Virginia M. Schlemmer-Lavoie
Print or Type Name

President
Title

[redacted]

File Date FILED
Check No. JAN 12 2009
By: By 8062
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

30152-39-290922