



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. 000040664		2. Name of Corporation DAVE'S Towing Service, Inc.			
3. Street Address Principal Business Office 119 Pleasant View Ave.		City Smithfield	State R.I.	Zip 02917	
4. Business Phone No. (401) 231-5359		5. State of Incorporation 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 Virginia Schlemmer-Lavoie		Vice President Name Virginia Schlemmer-Lavoie			
Street Address 190 Mann School Rd.		Street Address 190 Mann School Rd.			
City Smithfield	State R.I.	Zip 02917	City Smithfield	State R.I.	Zip 02917
Secretary Name Henri J. Lavoie		Treasurer Name Virginia Schlemmer-Lavoie			
Street Address 190 Mann School Rd.		Street Address 190 Mann School Rd.			
City Smithfield	State R.I.	Zip 02917	City Smithfield	State R.I.	Zip 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			1000 SHS NO PAR COMMON STOCK	CNP	0.00

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.

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

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.

Signature: Virginia M. Schlemmer-Lavoie Date: 1/7/09
Print or Type Name: Virginia M. Schlemmer-Lavoie
Title: President