

A. Ralph Mollis, Secretary of State

Corporations Division

401.222,3040

. 148 W. River Street Providence, RI 02904-2615

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 - Filing Fee: \$50.00\* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

1. ID No. 137712		ning Towing & Repair, LLC				
3. State of Formation RHODE ISLAN	D 4. Brief descri	bition of the character of the build the pulling & repair	iness which is actually conducted in Rhode Island			
5. Principal office address 41 Oak Street			City Ashaway	State RI	Zip 02804	
6. MAILING ADD Contact Name Steven F. Marle		BILITY COMPANY ANI	O NAME OR TITLE OF CONTA	CT PERSON:	1	
Street Address 41 Oak Street			стр Ashaway	State RI	<sup>Zip</sup> 02804	
7. NAME AND AD	DRESS OF EACH MAN	AGER OF THE LIMITE SPACES BEFORE USI	. D LIABILITY COMPANY, IF A NG ATTACHMENTS ("X" BOX	PPLICABLE - <u>DO NOT</u> FOR ATTACHMENT)	LIST MEMBERS	
Manager Name Steven F. Marley			Manager Name			
treet Address 1 Oak Street			Street Address		· <u>···</u>	
City	State	Zip	СЦ	State	Zip	
shaway	RI	02804		1		
Manager Name			Manager Name	***************************************		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	I ENT IN RHODE ISLAND currently of record in the		in the state. Changes require filing o	f Form 642 - R.I.G.L. 7-1	6-11	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

137712

File Date	FILED
Check No.	OCT 0 2 2009
By: By	1482
F	OR 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.

The / land

Signature of Authorized Person
Steven F. Marley

Print or Type Name of Authorized Person