

	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>	<b>Fee: \$50.00</b>
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040		
<a href="#">  LOGOUT  </a>		

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1



Help with this form

*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.*

<b>ANNUAL REPORT YEAR:</b> <input type="text" value="2010"/>			
<b>1. Corporate ID No.</b> <input type="text" value="000040664"/>			
<b>2. Name of Corporation</b> <input type="text" value="DAVE'S TOWING SERVICE, INC."/>			
<b>3. Street Address Principal Business Office:</b>			
No. and Street: <input type="text" value="119 PLEASANT VIEW AVENUE"/>			
City or Town: <input type="text" value="SMITHFIELD"/>		State: <input type="text" value="RI"/>	Zip: <input type="text" value="02917"/>
Country: <input type="text" value="USA"/>			
<b>4. Business Phone No.</b>			
<input type="text" value="401-231-5359"/>			
<b>5. State of Incorporation</b>			
State: <input type="text" value="RI"/>			
<b>6. Brief Description of the Character of Business Conducted in Rhode Island</b>			
<input type="text" value="TOWING AND ROAD SERVICE AND MINOR MECHANICAL REPAIRS"/>			
<b>7. Names and Addresses of the Officers and Directors:</b>			
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.			

**FILED**  
 FEB 17 2010  
 BY

Delete	Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	PRESIDENT V.P. Treas.	VIRGINIA SCHLEMMER-LAVOIE	190 MANN SCHOOL ROAD SMITHFIELD, RI 02917 USA

Select From Below Title: Secretary  
 First Name: Henri Middle Name: Joseph Last Name: LAVOIE Suffix:   
 Address: 190 Mann School Rd Smithfield State: RI Zip: 02917 Country: Rhode

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.00	1,000.00	1,000.00

9. 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.

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: Virginia Lavoie  
 Business Name: Dave's Towing Service  
 No. and Street: 119 Pleasant View Ave   
 City or Town: SMITHFIELD State: RI Zip: 02917 Country: Rhode  
 Contact Phone: (401) 931-5359 ext: 1  
 Contact Email: Henri@ad@aol

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 5 Day of January, 2010 at 11:37:40 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By Virginia M. Lavoie  
 Signature of Authorized Representative of the Corporation  
President

**FILED**  
 FEB 17 2010  
 BY 40664