



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011**

**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.

Exact name of the limited liability company <b>561364 J-I Towing &amp; Recovery LLC.</b>					
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>TOWING OF VEHICLES</b>			
5. Principal office address <b>5A Eastern Ave</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>John Barbosa</b>			Contact Title <b>Owner</b>		
Street Address <b>5A Eastern Ave</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name  			Manager Name  		
Street Address  			Street Address  		
City  	State  	Zip  	City  	State  	Zip  
Manager Name  			Manager Name  		
Street Address  			Street Address  		
City  	State  	Zip  	City  	State  	Zip  
<b>8. RESIDENT AGENT IN RHODE ISLAND</b> This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

<b>FILED</b>	
File Date	<b>OCT 05 2011</b>
Check No.	<b>2687</b>
BY _____	
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 of Authorized Person Date **10-4-11**  
**John Barbosa**  
 Print or Type Name of Authorized Person