STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
138372	Rick's Service AND Towing, INC.

3. Principal office address	City	State	Zip
840 CUMBERLAND Hill Rd.	WOONSOCKET	R.I.	02895

4. Business Phone No.	5. State of Incorporation
401-762-1879	

6. Brief description of the character of business conducted in Rhode Island
AUTO Repairs AND Towing

PRESIDENT'S NAME AND ADDRESS ☐

President Name	Street Address	City	State	Zip
Jeremy R. Cote	215 Roberts Street	WOONSOCKET	R.I	02895

VICE-PRESIDENT'S NAME AND ADDRESS ☐

Vice-President Name	Street Address	City	State	Zip
Jeremy R. Cote	same			

SECRETARY'S NAME AND ADDRESS ☐

Secretary Name	Street Address	City	State	Zip
Celine R. Cote	1081 DIAMOND Hill Rd.	WOONSOCKET	R.I.	02895

TREASURER'S NAME AND ADDRESS ☐

Treasurer Name	Street Address	City	State	Zip
Jeremy R. Cote	same			

ALL DIRECTORS' NAMES AND ADDRESSES ☐

Director Name	Street Address	City	State	Zip

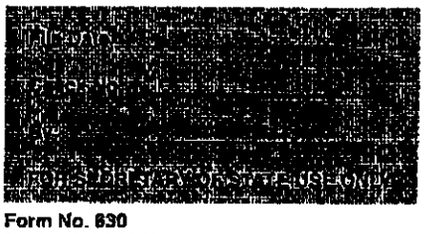
ALL OFFICERS' NAMES AND ADDRESSES ☐

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.

ALL SHARES SUBJECT TO BLOCKER PROVISION ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE

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.



Form No. 630
Revised: 01/2012

FILED
MAR 05 2014
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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.

Celine R. Cote 3-4-14
Signature of Authorized Representative Date

Celine R. Cote
Print or Type Name of Authorized Representative