



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. <u>157932</u>		2. Exact name of the Corporation <u>BreakDown Touring & Repair LLC</u>			
3. Principal office address <u>158 Chapel St</u>			City <u>HANNAH</u>	State <u>RI</u>	Zip <u>02830</u>
4. Business Phone No. <u>401-568-1002</u>		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island <u>Towel & Repair</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <u>Michael Karmuzyn Sr</u>			Vice-President Name <u>Mike Sr Karmuzyn</u>		
Street Address <u>158 Chapel St</u>			Street Address <u>158 Chapel St</u>		
City <u>HANNAH</u>	State <u>RI</u>	Zip <u>02830</u>	City <u>HANNAH</u>	State <u>RI</u>	Zip <u>02830</u>
Secretary Name <u>Christy Karmuzyn</u>			Treasurer Name <u>Christy Karmuzyn</u>		
Street Address <u>158 Chapel St</u>			Street Address <u>158 Chapel St</u>		
City <u>HANNAH</u>	State <u>RI</u>	Zip <u>02830</u>	City <u>HANNAH</u>	State <u>RI</u>	Zip <u>02830</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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) <input type="checkbox"/>					
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.					
NUMBER OF SHARES <u>1000</u>		CLASS/SERIES		PAR VALUE <u>\$0.0100</u>	

SECRETARY OF STATE
 CORPORATIONS DIV
 2014 MAY -5 PM 2:04

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 _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED

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.

MAY 05 2014

Mike Karmuzyn Sr 5-5-14
 Signature of Authorized Representative Date

0223526

MIKE KARMUZYU SR
 Print or Type Name of Authorized Representative