



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 &amp; 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 &amp; Repair</u>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <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
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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.					

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