



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 2011

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>Break Down Towel & Repair LLC</u>			
3. Principal office address <u>158 Chapin St</u>			City <u>Hannusville</u>	State <u>RI</u>	Zip <u>02830</u>
4. Business Phone No. <u>401-568-1222</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 Karmozyn Sr</u>			Vice-President Name <u>Mike Sr Karmozyn</u>		
Street Address <u>158 Chapin St</u>			Street Address <u>158 Chapin St</u>		
City <u>Hannusville</u>	State <u>RI</u>	Zip <u>02830</u>	City <u>Hannusville</u>	State <u>RI</u>	Zip <u>02830</u>
Secretary Name <u>Alicia Karmozyn</u>			Treasurer Name <u>Alicia Karmozyn</u>		
Street Address <u>158 Chapin St</u>			Street Address <u>158 Chapin St</u>		
City <u>Hannusville</u>	State <u>RI</u>	Zip <u>02830</u>	City <u>Hannusville</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>5.00/100</u>

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

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

MAY 05 2014

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.

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

MIKE KARMOZYN SR
 Print or Type Name of Authorized Representative