



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>BreakDown 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>401-568-1002</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 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>\$.0100</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