



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 **2015**

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. 4503		2. Exact name of the Corporation INTERSTATE TOWING CORP.			
3. Principal office address 855 RIVER STREET			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-765-1858			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PROVIDE TOWING OF AUTOS AND TRUCKS FOR REPAIRS AND OTHER PURPOSES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LORRAINE TURCOTTE			Vice-President Name KRISTOPHER TURCOTTE		
Street Address 234 CARRINGTON AVENUE			Street Address 58 GRANGE ROAD		
City WOONSOCKET	State RI	Zip 02895	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name LORRAINE TURCOTTE			Treasurer Name KRISTOPHER TURCOTTE		
Street Address 234 CARRINGTON AVENUE			Street Address 58 GRANGE ROAD		
City WOONSOCKET	State R	Zip 02895	City NORTH SMITHFIELD	State RI	Zip 02896
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	CLASS/SERIES	PAR VALUE
			400	COMMON	NO PAR

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

FEB 25 2015

BY 4069

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.

Lorraine Turcotte 2/21/15
 Signature of Authorized Representative Date

LORRAINE TURCOTTE

Print or Type Name of Authorized Representative