



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

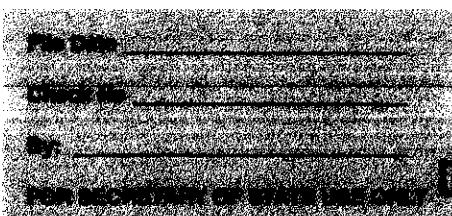
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 000138372		2. Exact name of the Corporation Rick's Service AND Towing, INC.			
3. Principal office address 840 CUMBERLAND Hill ROAD		City WOONSOCKET	State R.I.	Zip 02895	
4. Business Phone No. 401-762-1879		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island AN Automotive Repair Business AND TO OWN AND OPERATE TOWING SERVICES					
President Name Jeremy R. Cote		Vice-President Name Jeremy R. Cote			
Street Address 215 Roberts Street		Street Address 215 Roberts Street			
City WOONSOCKET	State R.I.	Zip 02895	City WOONSOCKET	State R.I.	Zip 02895
Secretary Name Celine R. Cote		Treasurer Name Celine R. Cote			
Street Address 1081 DIAMOND Hill ROAD		Street Address 1081 DIAMOND Hill ROAD			
City WOONSOCKET	State R.I.	Zip 02895	City WOONSOCKET	State R.I.	Zip 02895
Director Name Jeremy R. Cote		Director Name Celine R. Cote			
Street Address 215 Roberts Street		Street Address 1081 DIAMOND Hill ROAD			
City WOONSOCKET	State R.I.	Zip 02895	City WOONSOCKET	State R.I.	Zip 02895
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
1. SHARES AUTHORIZED		1.5. SHARES AUTHORIZED (IF NOT FOR AUTHORIZATION)			
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	
		1,000	CWP	\$1,000.	

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.



FILED

SEP 14 2015

BY W106

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.

Celine R. Cote 9-11-15
Signature of Authorized Representative Date

Celine R. Cote
Print or Type Name of Authorized Representative