

## 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 DEPORT BY MARCH 24 1911 - PERIODE BY MARCH 25 1911 - PERIODE BY MARCH 24 1911 - PERIODE BY MARCH 25 1911 - PERIODE

Filing Fee: \$50.00 - FAIL	URE TO FILE TI	HIS REPORT BY M	ARCH 31 WILL RESU	JLI IN A \$25.00 PENA	ALTY FEE.
1. Entity ID No.	2. Exact name of	the Corporation		·	
000138372	Rick's	Servic.	e AND TO	WING ]	INC.
3. Principal office address 840 CVMBERL	AND HIL	/ ROAD	WOON_SOC	KET State . I	Zip 2895
4. Business Phone No. 40/-	762-1	879	5. State of Incorporation	ISLAND	
6. Brief description of the charact AN Automotiv Towing Serv	ie Repa	ducted in Rhode Island IR BUSIN	est GNBW	N AND O	operate e Vehicle
	and a second second Second second	an in the annual section of the section and an interest section of the section of			
President Name Jeke N	IVR.	Cote	Vice-President Name	JEREMY	R. Cote
Street Address Rober	75 ST	REET	Street Address	oberts S	treet
CityOONSOCKET	R.I	2ip 02895	WOONSOC	KeT State R.I	. Zip 02895
Secretary Name/Ne R. Cote			Treasurer Name . Cote		
Street Address DIA MONA	D Hill R	OAD	Street Address 1081 DIA	MOND His	11 ROAD
WOONSOCKET	State I.	D2895	WOONSO	cket state R. I	- Zip 02895
	and a superior of the superior	tion of Wind September 2			
Director Name JEREM	1 R.	Cote	Director Name	le R. Cot	<u>_</u>
Street Address Robe	rts S	treet	Street Address	MOND Hi	1/ ROAD
Woonsocket	State . I.	02895	WOODS OCK	et P.I.	2ip 02895
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			g provincia de la companya de la co El companya de la co		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling.  See Section 9 of Instruction sheet.		1,000	CWP	#1,000.	
This report must be executed on t	his report must be o	ration by an authorize executed on behalf of	the corporation by the re	orporation is in the hands ceiver or trustee.	
n de la regionne de la la companya de la regiona de la	retratement School Colored Application (Colored		I inder peneity of ne	rum I deciste and effic	m that I have eventined

FILE!	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.
SEP 1 4 20	15 Seline J. late 9-11-15
2 LIDY	Signature of Authorized Representative Date
	Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012