



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 58529		2. Exact name of the Corporation Matarese Towing Inc.			
3. Principal office address 432 West Fountain Street			City Providence	State RI	Zip 02903
4. Business Phone No. 401-331-9760		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island towing and service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kenneth J. Matarese			Vice-President Name Fred A. Matarese		
Street Address 432 West Fountain Street			Street Address 432 West Fountain Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Kenneth J. Matarese			Treasurer Name Kenneth J. Matarese		
Street Address 432 West Fountain Street			Street Address 432 West Fountain Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			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.					

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 FEB 24 PM 3:09

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

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.

Kenneth J. Matarese 2-24-16
 Signature of Authorized Representative _____ Date _____
 Kenneth J. Matarese, President
 Print or Type Name of Authorized Representative

3:09 pm
FILED

FEB 24 2016

By 268508
 KM