



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 2016

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>881235</u>		2. Exact name of the Corporation <u>Puntual Auto Transportation and Towing INC.</u>		
3. Principal office address <u>294 Webster Av</u>		City <u>providence</u>	State <u>RI</u>	Zip <u>02909</u>
4. Business Phone No. <u>401 3697334</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Auto Transport</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name <u>Marvin A. Noveski</u>		Vice-President Name		
Street Address <u>294 Webster Av</u>		Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City <u>Providence</u>	
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	
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	
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	
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>0</u>	CLASS/SERIES	PAR VALUE <u>0.01</u>

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CORPORATIONS DIV
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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

MAR 21 2016

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.

2710572
A.A.

Marvin Noveski 4/7/15
Signature of Authorized Representative Date
Marvin Noveski
Print or Type Name of Authorized Representative