



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 2014

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. 000057930		2. Exact name of the Corporation BILLS TOWING INC			
3. Principal office address 40 MALBONE ST			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-738-5259			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island DEMESTIC PROFIT CORP TOW MOTOR VEHICLES TO BUY SELL RENT REPAIR AND MANUFACTURE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name WILLIAM J GIVEN			Vice-President Name MATHEW T SHERIDAN		
Street Address 56 FRIENDLY RD			Street Address 32 MARION AVE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02905
Secretary Name PATRICIA A THOMAS			Treasurer Name WILLIAM J GIVEN		
Street Address 51 WISHINGWELL CIR			Street Address 56 FRIENDLY RD		
City WAKEFIELD	State RI	Zip 02879	City CRANSTON	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name WILLIAM J GIVEN			Director Name DAVID EDWARDS		
Street Address 56 FRIENDLY RD			Street Address 241 HARRIS RD		
City CRANSTON	State RI	Zip 02910	City SMITHFIELD	State RI	Zip 02915
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
			1000	CNP	\$0.0000

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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

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By: 271514

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.

William J Given 3.21.16
 Signature of Authorized Representative Date

WILLIAM J GIVEN

Print or Type Name of Authorized Representative