



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2016
Limited Liability Company

2016 SEP 13 AM 10:35

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|--------------------|--|----------------------------|-----------------------------|-----|
| 1. Entity ID Number 137678 | | 2. Exact name of the Limited Liability Company Toohey,s Pilot Car Services LLC | | | |
| 3. NAICS Code 48-49 - Transportation and <input type="checkbox"/> | | 4. Brief description of the character of business conducted in Rhode Island Escorting Oversize Loads On Trucks | | | |
| 5. State of Formation R. I. | | | | | |
| 6. Principal Office Address 196 Harmony Road | | City North Scituate | State R.I. | Zip 02857 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Joseph Michael Toohey | | | Contact Title Owner | | |
| Street Address 196 Harmony Road | | City North Scituate | State R.I. | Zip 02857 | |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name Joseph Michael Toohey | | | Manager Name | | |
| Street Address 196 Harmony Road | | | Street Address | | |
| City North Scituate | State R. I. | Zip 02857 | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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. | | | | | |
| Name of Authorized Person Joseph Michael Toohey | | | | Date Sept 10 2016 | |
| Signature of Authorized Person <i>Joseph Michael Toohey</i> | | | | | |

FILED

SEP 13 2016

BY *283331*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov