



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 76868		2. Exact name of the Corporation Christy's Towing and Recovery, Inc.	
3. Principal Office Address 1265 Mendon Road		City Woonsocket	State RI
		Zip 02895	
4. NAICS Code 48-49 - Transportation and War	6. Brief description of the character of business conducted in Rhode Island Towing of motor vehicles, including automobiles, trucks and vans		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name James R. Dumas		Vice-President Name James R. Dumas	
Street Address 2176 Mendon Road		Street Address 2176 Mendon Road	
City Woonsocket	State RI	City Woonsocket	State RI
Zip 02895		Zip 02895	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		600	No Par Value
11. 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. 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 Representative James R. Dumas, President		Date Feb 20 -17	
Signature of Authorized Representative <i>James R. Dumas President</i>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 03 2017

BY

29659 DS

FORM 630 - Revised: 10/2016