

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

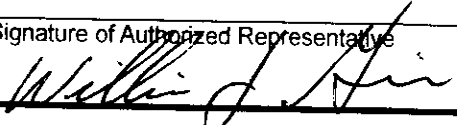
Annual Report for the year: **2017**

## 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 <b>000057930</b>		2. Exact name of the Corporation <b>BILLS TOWING INC</b>	
3. Principal Office Address <b>40 MALBONE ST</b>		City <b>WARWICK</b>	State <b>RI</b>
		Zip <b>02888</b>	
4. NAICS Code <b>81 - Other Services (except Pul</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO MANUFACTURE,BUY,SELL,RENT,STORE,AND TOW MOTOR VEHICLES OF ALL KINDS</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>WILLIAM J GIVEN</b>		Vice-President Name <b>WILLIAM J GIVEN</b>	
Street Address <b>56 FRIENDLY RD</b>		Street Address <b>56 FRIENDLY RD</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
	Zip <b>02910</b>		Zip <b>02910</b>
Secretary Name <b>PATRICIA A THOMAS</b>		Treasurer Name <b>PATRICIA A THOMAS</b>	
Street Address <b>9 WISHINGWELL CIR</b>		Street Address <b>9 WISHINGWELL CIR</b>	
City <b>WAKEFIELD</b>	State <b>RI</b>	City <b>WAKEFIELD</b>	State <b>RI</b>
	Zip <b>02879</b>		Zip <b>02879</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>MATHEW T SHERIDAN</b>		Director Name	
Street Address <b>32 MARION AVE</b>		Street Address	
City <b>CRANSTON</b>	State <b>RI</b>	City	State
	Zip <b>02905</b>		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. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		<b>200</b>	<b>0</b>
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. <b>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.</b>			
Name of Authorized Representative <b>WILLIAM J GIVEN</b>		Date <b>03-01-2017</b>	
Signature of Authorized Representative 			

FILED

3-1-17

MAR 09 2017

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