s s	tate of Rhode Island and Office of the Sec			NS Fee: \$50.0
HOPE	Division Of Bus 148 W. Ri Providence RI (401) 22	ver Street 02904-261		
imited Liability Com				
Annual Report Filing Period: September 1				
	7-16-66(d), each limited liability n thirty (30) days after the time penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2016</u>			
1. ID No. <u>001015118</u>	3			
2. Exact Name of the Li	mited Liability Company Me	llo's Towing	LLC	
3. State of Formation				
State: <u>RI</u>				
	ARTICLE	. 111		
Using the following NAICS	codes, please select the code	that best des	cribes your busi	ness.
NAICS Code			6	<u>48-49</u>
4. Brief Description of th	e Character of the Business V	Which is Act	ually Conducte	d in Rhode Island
TOWING				
5. Principal Office Addre	SS			
	WEST MAIN ROAD	~ ~~		
City or Town: <u>POR'</u>	<u>ISMOUTH</u>	State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and	Name or Tit	e of Contact Po	erson:
	<u>_OUGHLIN</u> Contact Title: WEST MAIN ROAD			
City or Town: POR	<u>ISMOUTH</u>	State: <u>RI</u>	Zip: <u>02871</u>	Country: <u>USA</u>
			mnony if Ann	licable
	Each Manager of the Limited		эпрапу, п Арр	
7. Name and Address of	-		Addı	

KATHLEEN M. CONNELL, ESQ. 2 BROADWAY NEWPORT, RI 02840

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of May, 2017 at 1:14:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JULIE OLOUGHLIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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