

FILED

DEC 19 2017



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

BY

2018

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 44245		2. Exact name of the Corporation CABRAL'S TOWING, INC (U83211)	
3. Principal office address 10 GOLDSMITH AVE		City E. PROVIDENCE	State RI
4. Business Phone No. 401 438-2426		5. State of Incorporation RHODE ISLAND	
6. Brief description of the character of business conducted in Rhode Island BUSINESS OF TOWING VEHICLES, TOWING & STORAGE			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name CHARLES PONTON		Vice-President Name CHARLES PONTON	
Street Address 267 WOODWARD AVE		Street Address 267 WOODWARD AVE	
City E. PRON.	State RI	City E. PROV	State RI
Zip 02914		Zip 02914	
Secretary Name CHARLES PONTON		Treasurer Name CHARLES PONTON	
Street Address 267 WOODWARD AVE		Street Address 267 WOODWARD AVE	
City E. PRON	State RI	City E. PROV	State RI
Zip 02914		Zip 02914	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR 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		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 100	CLASS/SERIES COMMON
			PAR VALUE NO PAR VALUE

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

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.

C. P. C.
Signature of Authorized Representative

12/15/17
Date

CHARLES PONTON
Print or Type Name of Authorized Representative