



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JAN 19 PM 12:31

1. Entity ID Number 173507		2. Exact name of the Corporation BERKELEY TOWING, INC.			
3. Principal Office Address 4 WHIPPLE STREET			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island TOWING AND TRANSPORTATION NAICS CODE 488410			
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 DAVID F. BORDALO			Vice-President Name LEO MARC PAULHUS		
Street Address 26 KENT STREET			Street Address 134C HOWARD HILL RD		
City CUMBERLAND	State RI	Zip 02864	City FOSTER	State RI	Zip 02825
Secretary Name DAVID F. BORDALO			Treasurer Name DAVID F. BORDALO		
Street Address 26 KENT STREET			Street Address 26 KENT STREET		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		COMMON	\$ 0.01
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. <i>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.</i>					
Name of Authorized Representative DAVID F. BORDALO					Date 12-21-17
Signature of Authorized Representative 					FILED

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

JAN 19 2018

BY 4462 KM

FORM 630 - Revised: 10/2016