



2005

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71410		2. Name of Corporation Action Towing, Inc.			
3. Street Address Principal Business Office 640 Atwood Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-2002		5. State of Incorporation RHODE ISLAND			6. SIC Code 8896
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN TOWING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony J. Renzi			Vice President Name Gregory J. DiZoglio		
Street Address 19 Stonebridge Road			Street Address 162 Westcott Road		
City Chepachet	State RI	Zip 02814	City Scituate	State RI	Zip 02857
Secretary Name Anthony J. Renzi			Treasurer Name Gregory J. DiZoglio		
Street Address 19 Stonebridge Road			Street Address 162 Westcott Road		
City Chepachet	State RI	Zip 02814	City Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			600	Common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date 1-31-05  
Check No. 1841  
By: J.C.  
FOR SECRETARY OF STATE USE ONLY

Signature of Officer Gregory J. DiZoglio Date 1/28/05  
Print or Type Name of Officer Gregory DiZoglio  
Title of Officer Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 71410		2. Name of Corporation Action Towing, Inc.			
3. Street Address Principal Business Office 640 Atwood Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-2002		5. State of Incorporation RHODE ISLAND			6. SIC Code 8896
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN TOWING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony J. Renzi			Vice President Name Gregory J. DiZoglio		
Street Address 19 Stonebridge Road			Street Address 162 Westcott Road		
City Chepachet	State RI	Zip 02814	City Scituate	State RI	Zip 02857
Secretary Name Anthony J. Renzi			Treasurer Name Gregory J. DiZoglio		
Street Address 19 Stonebridge Road			Street Address 162 Westcott Road		
City Chepachet	State RI	Zip 02814	City Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		600	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 4 1 0 \*

File Date 3/4/04  
Check No. 1685  
By: W.  
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.

Signature of Officer Gregory J. DiZoglio Date 3/3/04  
Print or Type Name of Officer Gregory J. DiZoglio  
Title of Officer V. president



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **71410** 2. Name of Corporation **Action Towing, Inc.**  
3. Street Address Principal Business Office **640 Atwood Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **(401) 946-2002** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Towing**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Anthony J. Renzi</b> Street Address <b>19 Stonebridge Rd.</b> City <b>Chepachet</b> State <b>RI</b> Zip <b>02814</b>	Vice President Name <b>Gregory J. DiZoglio</b> Street Address <b>162 Westcott Rd.</b> City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>
Secretary Name <b>Anthony J. Renzi</b> Street Address <b>19 Stonebridge Rd.</b> City <b>Chepachet</b> State <b>RI</b> Zip <b>02814</b>	Treasurer Name <b>Gregory J. DiZoglio</b> Street Address <b>162 Westcott Rd.</b> City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
600	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3.25.03  
Check No.: 1539  
By: LP

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.

Signature of Officer: [Signature] Date: 3/27/03  
Print or Type Name of Officer: Gregory J. DiZoglio  
Title of Officer: Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71410** 2. Name of Corporation **Action Towing, Inc.**  
3. Street Address Principal Business Office **640 Atwood Avenue** City **Cranston,** State **RI** Zip **02920**  
4. Business Phone No. **(401) 946-2002** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Anthony J. Renzi</b> Street Address <b>19 Stonebridge Road</b> City <b>Chepachet,</b> State <b>RI</b> Zip <b>02814</b> Secretary Name <b>Anthony J. Renzi</b> Street Address <b>19 Stonebridge Road</b> City <b>Chepachet,</b> State <b>RI</b> Zip <b>02814</b>	Vice President Name <b>Gregory J. Di Zoglio</b> Street Address <b>162 Westcott Road</b> City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b> Treasurer Name <b>Gregory J. Di Zoglio</b> Street Address <b>162 Westcott Road</b> City <b>Scituate,</b> State <b>RI</b> Zip <b>02857</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
600	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1-16-02  
1355  
Check No.: \_\_\_\_\_  
By: [Signature]

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.

Signature of Officer [Signature] Date 1/11/02  
Print or Type Name of Officer Gregory J. Di Zoglio  
Title of Officer Vice President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71410**      2. Name of Corporation **Action Towing, Inc.**

3. Street Address Principal Business Office      City      State      Zip  
**640 Atwood Ave.**      **Cranston**      **RI**      **02920**

4. Business Phone No. **401-946-2002**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **8896**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Towing Company**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Anthony J. Renzi</b>			Vice President Name <b>Gregory J. DiZoglio</b>		
Street Address <b>19 Stonebridge Rd.</b>			Street Address <b>162 Westcott Rd.</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>
Secretary Name <b>Anthony J. Renzi</b>			Treasurer Name <b>Gregory J. DiZoglio</b>		
Street Address <b>19 Stonebridge Rd.</b>			Street Address <b>162 Westcott Rd.</b>		
City <b>Chepachet</b>	State <b>RI</b>	Zip <b>02814</b>	City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>600</b>	<b>common</b>	<b>no par</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 4 1 0 \*

File Date: 1/22/2001

Check No.: 1206

By: [Signature]

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.

Signature of Officer: [Signature]      Date: 1/18/01

**Gregory J. DiZoglio**

Print or Type Name of Officer

**Vice President, Treasurer**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71410** 2. Name of Corporation **Action Towing, Inc.**  
3. Street Address Principal Business Office **640 Atwood Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **401-946-2002** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Towing Company**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Anthony J. Renzi</b>	Vice President Name <b>Gregory J. DiZoglio</b>
Street Address <b>19 Stonebridge Rd.</b>	Street Address <b>162 Westcott Road</b>
City <b>Chepachet</b> State <b>RI</b> Zip <b>02814</b>	City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>
Secretary Name <b>Anthony J. Renzi</b>	Treasurer Name <b>Gregory J. DiZoglio</b>
Street Address <b>19 Stonebridge Rd.</b>	Street Address <b>162 Westcott Rd.</b>
City <b>Chepachet</b> State <b>RI</b> Zip <b>02814</b>	City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>NO PAR</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 1 4 1 0 \*

File Date: 3/1/00  
Check No.: 1063  
By: [Signature]

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.

Signature of Officer: [Signature] Date: 3/1/00  
Print or Type Name of Officer: Gregory J. DiZoglio  
Title of Officer: Vice President, Treasurer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>71410</b>		2. Name of Corporation <b>Action Towing, Inc.</b>	
3. Street Address Principal Business Office <b>640 Atwood Ave.</b>		City <b>Cranston</b>	State <b>RI</b>
4. Business Phone No. <b>401-946-2002</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Towing Company</b>		6. SIC Code <b>8898</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Anthony J. Renzi</b>		Vice President Name <b>Gregory J. DiZoglio</b>	
Street Address <b>19 Stonebridge Rd.</b>		Street Address <b>162 Westcott Road</b>	
City <b>Chepachet</b>	State <b>RI</b>	City <b>Scituate</b>	State <b>RI</b>
Zip <b>02814</b>		Zip <b>02857</b>	
Secretary Name <b>Anthony J. Renzi</b>		Treasurer Name <b>Gregory J. DiZoglio</b>	
Street Address <b>19 Stonebridge Rd.</b>		Street Address <b>162 Westcott Rd.</b>	
City <b>Chepachet</b>	State <b>RI</b>	City <b>Scituate</b>	State <b>RI</b>
Zip <b>02814</b>		Zip <b>02857</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
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	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 SHS NO PAR VALUE</b>		<b>None</b>	<b>None</b>
Par Value		Par Value	
		<b>None</b>	<b>None</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/11/99  
Check No.: 1408  
By: [Signature]

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.

Signature of Officer: [Signature] Date: 1/5/99  
Print or Type Name of Officer: Gregory J. DiZoglio  
Vice President - Treasurer: \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71410** 2. Name of Corporation **Action Towing, Inc.**  
3. Street Address Principal Business Office City State Zip  
**640 Atwood Ave., Cranston RI 02920**  
4. Business Phone No. **401-946-2002** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Towing Company**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Anthony J. Renzi</b>	Vice President Name <b>Gregory J. DiZoglio</b>
Street Address <b>19 Stonebridge Rd.</b>	Street Address <b>162 Westcott Road</b>
City State Zip <b>Chepachet, RI 02814</b>	City State Zip <b>Scituate, RI 02857</b>
Secretary Name <b>Anthony J. Renzi</b>	Treasurer Name <b>Gregory J. DiZoglio</b>
Street Address <b>19 Stonebridge, Rd.</b>	Street Address <b>162 Westcott Rd.</b>
City State Zip <b>Chepachet RI 02814</b>	City State Zip <b>Scituate RI 02857</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<b>None</b>	<b>None</b>	<b>None</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 11.98  
Check No.: 1323  
By: WR  
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.

Signature of Officer: [Signature] Date: 12/17/98  
Print or Type Name of Officer: Gregory J. DiZoglio  
Title of Officer: Vice President, Treasurer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **71410** 2. Name of Corporation **Action Towing, Inc.**  
3. Street Address Principal Business Office **640 Atwood Avenue** City **Cranston,** State **RI** Zip **02920**  
4. Business Phone No. **401-946-2002** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Towing company.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Anthony J. Renzi</b> Street Address <b>19 Stonebridge Rd.</b> City <b>Chepachet</b> State <b>RI</b> Zip <b>02814</b>	Vice President Name <b>Gregory J. DiZoglio</b> Street Address <b>162 Westcott Rd.</b> City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>
Secretary Name <b>Anthony J. Renzi</b> Street Address <b>19 Stonebridge Rd.</b> City <b>Chepachet</b> State <b>RI</b> Zip <b>02814</b>	Treasurer Name <b>Gregory J. DiZoglio</b> Street Address <b>162 Westcott Rd.</b> City <b>Scituate</b> State <b>RI</b> Zip <b>02857</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS</b>	<b>NO PAR VALUE</b>		<b>none</b>	<b>none</b>	<b>none</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 1/21/97  
Check No.: 1738  
By: [Signature]  
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.

Signature of Officer: [Signature] Date: 1/18/97  
Print or Type Name of Officer: Gregory J. DiZoglio  
Treasurer  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 0071410		2. NAME OF CORPORATION A.G.B. Towing, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 640 Atwood Avenue		CITY Cranston	STATE RI
4. BUSINESS PHONE NO. 401-946-2002		5. STATE OF INCORPORATION Rhode Island	6. SIC CODE 8896
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Towing Company			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Anthony J. Renzi			VICE PRESIDENT NAME Gregory J. DiZoglio		
STREET ADDRESS 19 Stonebridge Rd.			STREET ADDRESS 162 Westcott Road		
CITY Chepachet	STATE RI	ZIP CODE 02814	CITY Scituate	STATE RI	ZIP CODE 02857
SECRETARY NAME Anthony J. Renzi			TREASURER NAME Gregory J. DiZoglio		
STREET ADDRESS 19 Stonebridge Rd.			STREET ADDRESS 162 Westcott Road		
CITY Chepachet	STATE RI	ZIP CODE 02814	CITY Scituate	STATE RI	ZIP CODE 02857

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS	NO PAR VALUE		600 Shs	NO PAR VALUE	

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

3/13/96  
1177

Check No:

By:

9/29/96  
157947

For Secretary of State Use Only

Signature of Officer

Gregory J. DiZoglio

Print or Type Name of Officer

3/5/96

Vice President, Treasurer

Title of Officer

Date



**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 71410 Annual Report for the year: 1995

Name of Corporation: A.G.B. Towing, Inc.

Business entity organized under the laws of the State of: R.I.

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

640 Atwood Ave.  
Cranston, RI 02920  
 Phone: ( 401 ) 946-2002

Brief statement of the character of business conducted in Rhode Island:

**THE NAMES OF THE OFFICERS ARE:**

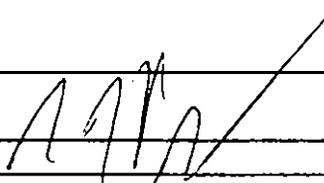
OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Anthony J. Renzi	19 Stonebridge Road, Chepachet,	RI	02814
VICE PRESIDENT Gregory J. DiZoglio	162 Westcott Road, Scituate,	RI	02857
SECRETARY Anthony J. Renzi	19 Stonebridge Road, Chepachet,	RI	02814
TREASURER Gregory J. DiZoglio	162 Westcott Road, Scituate,	RI	02857

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony J. DiZoglio	19 Stonebridge Road, Chepachet,	RI	02814
Gregory J. DiZoglio	162 Westcott Road, Scituate,	RI	02857

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600 of par value 0			

Date August 28, 19 95

By: Anthony J. Renzi 

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING President

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

RECEIVED

**FILED**

DEC 28 1995

By: KP# 30753195

RECEIVED  
STATE  
AUG 30 10 09 AM '35

RECEIVED  
SECRETARY OF STATE  
AUG 30 10 09 AM '35



**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 71410 Annual Report for the year: 1994

Name of Corporation: A.G.B. Towing, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

640 Atwood Avenue,  
Cranston, RI 02920

Phone: ( 401 ) 946-2002

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony J. Renzi	19 Stonebridge Road, Chepachet, RI	02814	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
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NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares      Class / Series

600 of par value 0

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares      Class / Series

Date August 28, 19 95

By: Anthony J. Renzi

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING President

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CC 111 88 11 18 1011  
 11/28/95  
 401-277-3040

**FILED**

DEC 28 1995

By 1001130-153195

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SECRETARY OF STATE  
AUG 30 10 03 AM '55

SECRETARY OF STATE  
AUG 30 10 03 AM '55