



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

1. Corporate ID No. 131113		2. Name of Corporation Artie's Towing & Transport, Inc.			
3. Street Address Principal Business Office 90 Park Avenue			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-737-3997		5. State of Incorporation RHODE ISLAND			6. SIC Code 8896
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A BUSINESS FOR THE PURPOSE OF INTERSTATE AND INTRASTATE TOWING AND TRANSPORTATION OF MOTOR VEHICLES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paula M. Lambert			Vice President Name Arthur P. Lambert, Jr.		
Street Address 90 Park Avenue			Street Address 90 Park Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Paula M. Lambert			Treasurer Name Arthur P. Lambert, Jr.		
Street Address 90 Park Avenue			Street Address 90 Park Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No par

RECEIVED
 SECRETARY OF STATE
 JAN 20 PM 1:12
 DIVISION OF CORPORATIONS

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



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FILED

File Date _____

Check No. JAN 20 2005

By: By M55949 GAB

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.

Paula M. Lambert 9/29/04
Signature of Officer Date

Paula M. Lambert
Print or Type Name of Officer

President
Title of Officer