



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JAN 07 2019

Annual Report for the year:
Corporation

2019

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1

BY 20820

1. Entity ID Number 55256		2. Exact name of the Corporation R&K TOWING, INC.	
3. Principal Office Address 1211 Cranston Street		City Cranston	State RI
		Zip 02920	
4. NAICS Code 488410	6. Brief description of the character of business conducted in Rhode Island OPERATION OF AUTOMOBILE REPAIR BUSINESS AND TRANSPORTATION OF WRECKED OR DISABLED MOTOR VEHICLES		
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 Angelo Moretti		Vice-President Name Mario Moretti	
Street Address 37 Nottingham Drive		Street Address 10 High Meadow Court	
City Hope	State RI	City Cranston	State RI
Zip 02831		Zip 02920	
Secretary Name Mario Moretti		Treasurer Name Angelo Moretti	
Street Address 10 High Meadow Court		Street Address 37 Nottingham Court	
City Cranston	State RI	City Hope	State RI
Zip 02920		Zip 02831	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Angelo Moretti		Director Name Mario Moretti	
Street Address 37 Nottingham Drive		Street Address 10 High Meadow Court	
City Hope	State RI	City Cranston	State RI
Zip 02831		Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 600	CLASS/SERIES COMMON
		PAR VALUE NO PAR VALUE	
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. 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.			
Name of Authorized Representative ANGELO MORETTI		Date January 4, 2019	
Signature of Authorized Representative 		SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov