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

FILED
JAN 07 2019
BY 208220

Annual Report for the year: 2019
Corporation

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

1 Entity ID Number	2. Exact name of the Corporation
55256	R&K TOWING, INC.

3. Principal Office Address	City	State	Zip
1211 Cranston Street	Cranston	RI	02920

4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island
488410	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 ☐

	President	Vice-President
Name	Angelo Moretti	Mario Moretti
Street Address	37 Nottingham Drive	10 High Meadow Court
City	Hope	Cranston
State	RI	RI
Zip	02831	02920

	Secretary	Treasurer
Name	Mario Moretti	Angelo Moretti
Street Address	10 High Meadow Court	37 Nottingham Court
City	Cranston	Hope
State	RI	RI
Zip	02920	02831

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

	Director	Director
Name	Angelo Moretti	Mario Moretti
Street Address	37 Nottingham Drive	10 High Meadow Court
City	Hope	Cranston
State	RI	RI
Zip	02831	02920
Director Name		
Street Address		
City		
State		
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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	COMMON	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	Date
ANGELO MORETTI	January 4, 2019

Signature of Authorized Representative • SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017