

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 64718		2. Name of Corporation METRO TOWING, INC.			
3. Street Address Principal Business Office 585 HARTFORD AVENUE			City PROVIDENCE	State RI	Zip 02909
4. Business Phone No. 401-421-4553		5. State of Incorporation RHODE ISLAND			6. SIC Code 6650
7. Brief Description of the Character of Business Conducted in Rhode Island TOWING, EMERGENCY OR OTHERWISE, AND TRANSPORTATION OF VEHICLES					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH MESSINA			Vice President Name NONE		
Street Address 585 HARTFORD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH MESSINA			Director Name		
Street Address 585 HARTFORD AVENUE			Street Address		
City PROVIDENCE	State RI	Zip 02909	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 600	Class/Series COMMON	Par Value NO PAR VALUE	Number of Shares 600	Class/Series COMMON	Par Value NO PAR VALUE

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

FILED

File Date FEB 24 2005 1014

Check No 1014

By K.B.

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]
Signature of Officer

2/22/05
Date

JOSEPH MESSINA
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

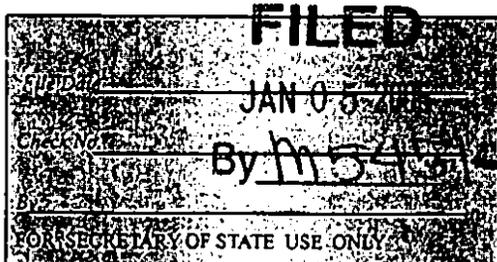
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3. Street Address Principal Business Office 585 Hartford Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. 401-421-4553		5. State of Incorporation Rhode Island		6. SIC Code 6650	
7. Brief Description of the Character of Business Conducted in Rhode Island Towing, emergency or otherwise and transportation of vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Messina			Vice President Name None		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Messina			Director Name		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	No par value

JAN 5 5 11 PM

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.

Joseph Messina
Signature of Officer _____ Date _____
Joseph Messina
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

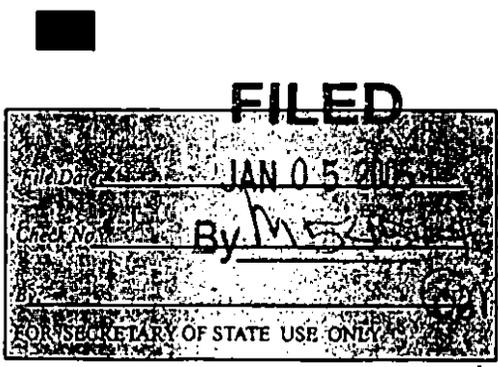
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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4. Business Phone No. 401-421-4553		5. State of Incorporation Rhode Island			6. SIC Code 6650
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President Name Joseph Messina			Vice President Name None		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X-BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	No par value

05 JAN -5 PM

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.

Joseph Messina
Signature of Officer
Date
Joseph Messina
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

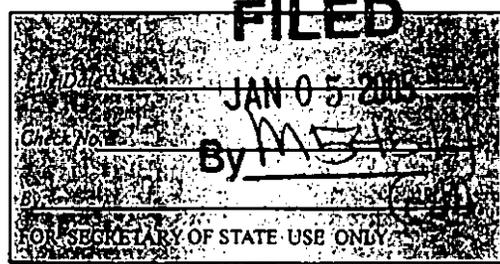
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7. Brief Description of the Character of Business Conducted in Rhode Island Towing, emergency or otherwise and transportation of vehicles					
NAMES AND ADDRESSES OF THE OFFICERS - TYPE OR ATTACHMENT - FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph Messina			Vice President Name None		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
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NAMES AND ADDRESSES OF THE DIRECTORS - TYPE OR ATTACHMENT - FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Messina			Director Name		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES AUTHORIZED - TYPE OR ATTACHMENT - FILE IN SPACES BEFORE USING ATTACHMENTS					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	No par value

05 JAN - 5 PM 1:10

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.

Joseph Messina
Signature of Officer _____ Date _____
Joseph Messina
Print or Type Name of Officer
President
Title of Officer



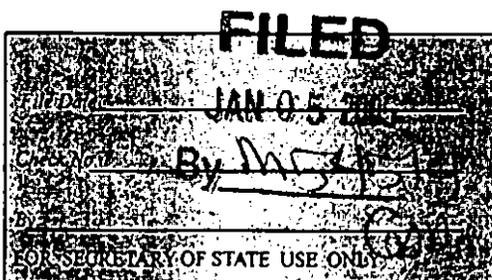
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0064718		2. Name of Corporation Metro Towing, Inc.			
3. Street Address Principal Business Office 585 Hartford Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. 401-421-4553		5. State of Incorporation Rhode Island		6. SIC Code 6650	
7. Brief Description of the Character of Business Conducted in Rhode Island Towing, emergency or otherwise and transportation of vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) (SEE INSTRUCTIONS BEFORE USING ATTACHMENT)					
President Name Joseph Messina			Vice President Name None		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) (SEE INSTRUCTIONS BEFORE USING ATTACHMENT)					
Director Name Joseph Messina			Director Name		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) (SEE INSTRUCTIONS BEFORE USING ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	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.

[Signature]
Signature of Officer _____ Date _____
Joseph Messina
Print or Type Name of Officer
President
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. 0064718		2. Name of Corporation Metro Towing, Inc.			
3. Street Address Principal Business (Office) 585 Hartford Avenue			City Providence	State RI	Zip 02909
4. Business Phone No. 401-421-4553		5. State of Incorporation Rhode Island			6. SIC Code 6650
7. Brief Description of the Character of Business Conducted in Rhode Island Towing, emergency or otherwise and transportation of vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS					
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Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Messina			Director Name		
Street Address 585 Hartford Avenue			Street Address		
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Director Name			Director Name		
Street Address			Street Address		
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10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENT					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	No par value

05 JAN -5 PM 1:00

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

FILED
 Filed Date: JAN 05 2001
 By: M5421
 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.

Joseph Messina
 Signature of Officer _____ Date _____
 Joseph Messina
 Print or Type Name of Officer
 President
 Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

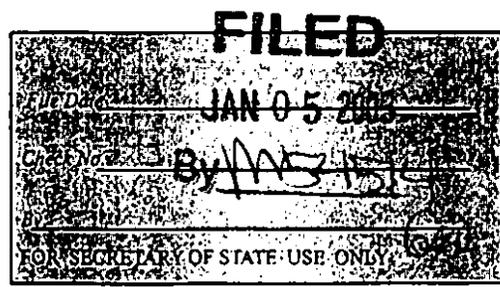
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	No par value

05 JAN -5 PM 1:10

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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.

Joseph Messina
Signature of Officer
Date
Joseph Messina
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

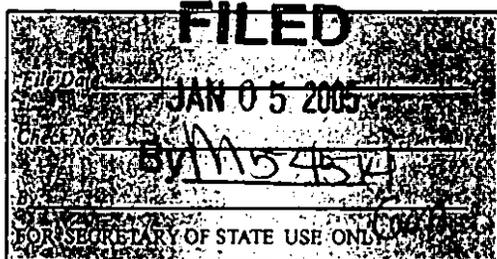
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Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) 11. SHARES ISSUED (SEE BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	No par value

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Joseph Messina
Signature of Officer _____ Date _____
Joseph Messina
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

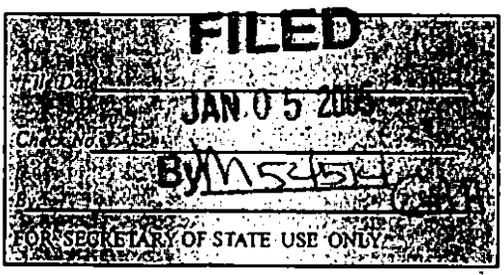
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City Providence	State RI	Zip 02909	City	State	Zip
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Street Address			Street Address		
City	State	Zip	City	State	Zip
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AUTHORIZED SHARES			ISSUED SHARES		
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600	Common	No par value	600	Common	No par value

05 JAN -5 PM 1:10

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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.

Joseph Messina
Signature of Officer _____ Date _____
Joseph Messina
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No 0064718	2. Name of Corporation Metro Towing, Inc.
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3. Street Address Principal Business Office 585 Hartford Avenue	City Providence	State RI	Zip 02909
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4. Business Phone No. 401-421-4553	5. State of Incorporation Rhode Island	6. SIC Code 6650
---------------------------------------	---	---------------------

7. Brief Description of the Character of Business Conducted in Rhode Island
Towing, emergency or otherwise and transportation of vehicles

8. NAMES AND ADDRESSES OF THE OFFICERS TO BE USED FOR ATTACHMENT 1. FILL IN SPACES BEFORE USING ATTACHMENTS.

President Name Joseph Messina	Vice President Name None
----------------------------------	-----------------------------

Street Address 585 Hartford Avenue	Street Address
---------------------------------------	----------------

City Providence	State RI	Zip 02909	City	State	Zip
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Secretary Name None	Treasurer Name None
------------------------	------------------------

Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. NAMES AND ADDRESSES OF THE DIRECTORS TO BE USED FOR ATTACHMENT 1. FILL IN SPACES BEFORE USING ATTACHMENTS.

Director Name Joseph Messina	Director Name
---------------------------------	---------------

Street Address 585 Hartford Avenue	Street Address
---------------------------------------	----------------

City Providence	State RI	Zip 02909	City	State	Zip
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Director Name	Director Name
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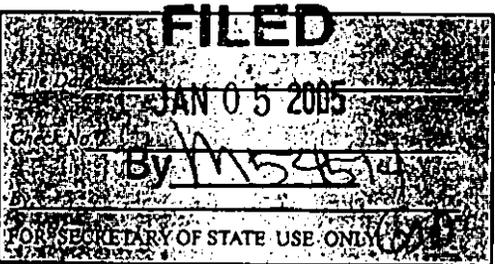
Street Address	Street Address
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City	State	Zip	City	State	Zip
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10. SHARES AUTHORIZED TO BE ISSUED OR REDEEMED. ISSUED SHARES TO BE USED FOR ATTACHMENT 1.

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	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.

Joseph Messina
Signature of Officer _____ Date _____
Joseph Messina
Print or Type Name of Officer
President
Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995

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

(FORM MUST BE TYPED IN BLACK)

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City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) [] FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph Messina			Director Name		
Street Address 585 Hartford Avenue			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) [] ALL SHARES ISSUED (SEE BOX FOR ATTACHMENT) []					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	600	Common	No par value

05 JAN -5 PM 1:10

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

FILED
 File Date: JAN 05 2005
 Check No. BY MB 4574
 By: GM
 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.

Joseph Messina
 Signature of Officer _____ Date _____
 Joseph Messina
 Please Print Name of Officer
 President
 Title of Officer

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

OK # 1993 SW
File Annually
LLC: Sept 1 - Nov 1
CORP: Jan 1 - March 1

Corporate ID: 0064718 Annual Report for the year: 1994

Name of Business Entity: METRO TOWING, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number _____

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)

575 Hartford Avenue,
Providence, RI 02909

Phone: (401) 831-1551

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Steven N. Ortoleva, Esq.

1535 Smith Street
North Providence, RI 02911

Brief statement of the character of business conducted in Rhode Island
Towing emergency or otherwise, and
transportation of vehicles and any
and all business associated therewith

Date of Organization 6-21-91 SO

Date of Qualification to do business in Rhode Island (if foreign entity) _____

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> RESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Joseph Messina</u>	<u>575 Hartford Avenue, Providence, RI</u>	<u>02909</u>	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Joseph Messina</u>	<u>575 Hartford Avenue, Providence, RI</u>	<u>02909</u>	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>John Troino</u>	<u>15 David Drive, Johnston, RI</u>	<u>02919</u>	
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>600</u>	NUMBER <u>600</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>No par value</u>	PAR VALUE OR WITHOUT PAR <u>no par value</u>

Date 12-23-94

By [Signature]
SECRETARY OF STATE
TELEPHONE NUMBER

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Steven N. Ortoleva, Esq., 1535 Smith Street, North Providence, RI 02911

12-23-94
SW

Filing Fee \$15.00

92013

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0064718 Annual Report for the year 1993

FIRST: The name of the corporation is METRO TOWING, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is TOWING, EMERGENCY OR OTHERWISE, AND
TRANSPORTATION OF VEHICLES AND ANY AND ALL OTHER ASSOCIATED BUSINESS
RELATED THERETO AND FOR ANY AND ALL LAWFUL PURPOSES.

FOURTH: If foreign corporation, address of its principal office.....
NOT APPLICABLE

FIFTH: Business address in Rhode Island C/O STEVEN N. OROTLIVA, ESQ.
1543 SMITH STREET, NORTH PROVIDENCE, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
JOSEPH MESSINA	Director	575 HARTFORD AVE. PROV. RI
JOHN TROINO	Director	15 DAVID DRIVE, JOHNSTON, RI 02919
	Director	
JOSEPH MESSINA	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON		NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON		NO PAR VALUE

MAY 24 1993
SECY OF STAT

Dated MAY 13 1993

METRO TOWING, CO.
(Name of Corporation)

By Joseph Messina

Title Pres.

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

MBR 495
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054718 Annual Report for the year 1992

FIRST: The name of the corporation is METRO TOWING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is towing, emergency or otherwise, and transportation of vehicles and any and all other associated business related thereto and for any and all lawful purposes.

FOURTH: If foreign corporation, address of its principal office
N/A

FIFTH: Business address in Rhode Island c/o Steven N. Ortoleva, Esq.,
1543 Smith Street, No., Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joseph Messina	Director	575 Hartford Avenue, Prov., RI
John Troino	Director	15 David Drive, Johnston, RI 02919
	Director	
Joseph Messina	President	
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:			Par Value or statement that shares are without par value
No. of Shares	Class	Series	
600	common	PAID	no par value

APR 06 1992

EIGHTH: Number of Shares issued:			Par Value or statement that shares are without par value
No. of Shares	Class	Series	
600	common		no par value

SECY OF STATE

Dated March 25, 19 92

METRO TOWING, INC.

(Name of Corporation)

By Joseph Messina

Title Pres.

(Report must be signed by an officer)