



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

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 SECRETARY OF STATE
 CORPORATION'S DIV.
 2019 JAN 22 PM 2:40

Annual Report for the year: 2018
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. Entry ID Number 797549		2. Exact name of the Corporation Truck Tire Service Corporation			
3. Principal Office Address 999 Broadway, Suite 401			City Saugus	State MA	Zip 01906
4. NAICS Code 561422		6. Brief description of the character of business conducted in Rhode Island Nationwide third party commercial emergency road service call center located in MA using independent contractors in RI to service RI service calls.			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lawrence J. Townsend			Vice-President Name		
Street Address P.O. Box 1265			Street Address		
City Saugus	State MA	Zip 01906	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lawrence J. Townsend			Director Name		
Street Address P.O. Box 1265			Street Address		
City Saugus	State MA	Zip 01906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	Common	\$200	
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 Lawrence J. Townsend				Date 01/17/2019	
Signature of Authorized Representative President					

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

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