



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

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2019 JAN 22 PM 2:40

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

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

JAN 22 2019  
KL N11C4  
2:41