



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 02903-1331
401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------|--|--------------------------------------|---------------|------------------|
| 1. Corporate ID No. 106422 | | 2. Name of Corporation MARIO'S TOWING, INC. | | | |
| 3. Street Address Principal Business Office 430 Charles St. | | City Providence | | State R.I. | Zip |
| 4. Business Phone No. 621-8606 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 0 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TOWING SERVICE. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Kenneth Martone | | | Vice President Name Louis Martone | | |
| Street Address 430 Charles St. | | | Street Address 430 Charles St. | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Kenneth Martone | | | Director Name Louis Martone | | |
| Street Address 430 Charles St. | | | Street Address 430 Charles St. | | |
| City Providence | State RI | Zip 02904 | City Providence | State RI | Zip 02904 |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 NO PAR VALUE | | | 200 | Common | NPV |

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



| | |
|---------------------------------|--------|
| File Date | 2-4-05 |
| Check No. | 6082 |
| By: | |
| 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 of Officer
Louis Martone
Print or Type Name of Officer
V.P.
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 02903-1333
401.222.3044

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | |
|--|--|------------------|--------------|
| 1. Corporate ID No. 106422 | 2. Name of Corporation MARIO'S TOWING, INC. | | |
| 3. Street Address Principal Business Office 301 Branch Ave | City Providence | State RI | Zip 02904 |
| 4. Business Phone No. 621-9798 | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 0 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TOWING SERVICE. | | | |

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|-----------------------------------|--------------------------------------|-------------|-------------|--------------|--------------|
| President Name Kenneth Martone | Vice President Name Louis Martone | | | | |
| Street Address 430 Charles ST. | Street Address 430 Charles ST. | | | | |
| City Providence | City Providence | State RI | State RI | Zip 02904 | Zip 02904 |
| Secretary Name | Treasurer Name | | | | |
| Street Address | Street Address | | | | |
| City | City | State | State | Zip | Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|-----------------------------------|-----------------------------------|-------------|-------------|--------------|--------------|
| Director Name Kenneth Martone | Director Name Louis Martone | | | | |
| Street Address 430 Charles ST. | Street Address 430 Charles ST. | | | | |
| City Providence | City Providence | State RI | State RI | Zip 02904 | Zip 02904 |
| Director Name | Director Name | | | | |
| Street Address | Street Address | | | | |
| City | City | State | State | Zip | Zip |

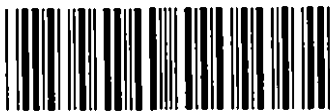
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 200 NO PAR VALUE | Comm. | NPV |

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 200 | Comm. | NPV |

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



* 1 0 6 4 2 2 *

File Date 1-21-04
Check No. 5464
By: [Signature]

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 of Officer [Signature]
Date
Print or Type Name of Officer Kenneth Martone
Title of Officer Pres.



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3046



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

106422

MARIO'S TOWING, INC.

3. Street Address Principal Business Office

430 Charles St.

4. Business Phone No.

5. State of Incorporation

272.7217

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Automotive Tow Service

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Street Address

Street Address

City

City

Secretary Name

Treasurer Name

Street Address

Street Address

City

City

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Street Address

Street Address

City

City

Director Name

Director Name

Street Address

Street Address

City

City

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

200 NO PAR VALUE

200 Common NPV

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



* 1 0 6 4 2 2 *

File Date: 1-17-03

Check No.: 341

By: LP

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 of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/02



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------|--|-----------------------------|--------------|--------------|
| 1. Corporate ID No. 106422 | | 2. Name of Corporation Mario's Towing, Inc. | | | |
| 3. Street Address Principal Business Office 430 Charles Street | | City Providence | | State RI | Zip 02904 |
| 4. Business Phone No. 401-621-8606 | | 5. State of Incorporation | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Auto Towing | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Kenneth Martone | | | Vice President Name None | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| Secretary Name Kenneth Martone | | | Treasurer Name None | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Kenneth Martone | | | Director Name | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | 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"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 | Common | NPV | 200 | Common | NPV |

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

FILED

DEC 18 2001

File Date

By DA #55

Check No.

275254

By

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 of Officer Kenneth Martone Date 12-18-01

Print or Type Name of Officer Kenneth Martone

Title of Officer PRESIDENT



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. 106422 | | 2. Name of Corporation Mario's Towing, Inc. | |
| 3. Street Address Principal Business Office 430 Charles Street | | City Providence | State RI |
| 4. Business Phone No. 401-621-8606 | | 5. State of Incorporation | 6. SIC Code |

7. Brief Description of the Character of Business Conducted in Rhode Island

Auto Towing

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|--------------------------------------|-------------|--------------|-----------------------------|-------|-----|
| President Name Kenneth Martone | | | Vice President Name None | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| Secretary Name Kenneth Martone | | | Treasurer Name None | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☒ FILL IN SPACES BEFORE USING ATTACHMENTS

| | | | | | |
|--------------------------------------|-------------|--------------|----------------|-------|-----|
| Director Name Kenneth Martone | | | Director Name | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐ 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☒

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 | Common | NPV | 200 | Common | NPV |
| | | | | | |

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

FILED

DEC 18 2001

File Date By DA #55 10.11.01 275254

Check No. 275254

By Kenneth Martone

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
DEC 18 2001

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.

Kenneth Martone 12-18-01
Signature of Officer Date
Kenneth Martone
Print or Type Name of Officer
President
Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-13
401-222-30

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. 106422 | | 2. Name of Corporation Mario's Towing, Inc. | | | |
| 3. Street Address Principal Business Office 430 Charles Street | | | City Providence | State RI | Zip 02904 |
| 4. Business Phone No. 401-621-8606 | | 5. State of Incorporation | | | 6. SIC Code |
| 7. Brief Description of the Character of Business Conducted in Rhode Island Auto Towing | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Kenneth Martone | | | Vice President Name None | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| Secretary Name Kenneth Martone | | | Treasurer Name None | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | City | State | Zip |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Kenneth Martone | | | Director Name | | |
| Street Address 430 Charles Street | | | Street Address | | |
| City Providence | State RI | Zip 02904 | 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"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 | Common | NPV | 200 | Common | NPV |
| | | | | | |

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

FILED

DEC 18 2001

File Date: 275254 10.11.01 RI

Check No.: _____

By: _____

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 of Officer: Kenneth Martone Date: 12-18-01

Print or Type Name of Officer: Kenneth Martone

Title of Officer: President