

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

Corporations Division 100 North Main Streen Providence, RI 02903-13:

Matthew A. B	rown, Secretary of Si	ale .			401.222.30
PROFIT CORPOR Filing Period: January 1 - Mo FORM MUST BE TYPED OR PRIM	arch 1 • Filing	UAL REPORT Fee: \$50.00	FOR THE YEAR	2005	
l. Corporate ID No.	2. Name of Corporation	-			
106422	MARIO'S TOWIN	G, INC.	- A		I a:
Survey Address Principal Pysiness O	ves 5	<u>t. </u>	- Houseuce	State J. I	Zip
1. Business Phone No. 621-8606		5. State of Incorporation RHODE ISLAND		·	6. SIC Code 0
Unief Exscription of the Character of TOWING SERVICE.	of Business Conducted in Ri	ode Island			
B. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) [] FILL IN SPAC	CES BEFORE USING AT	TACHMENTS
resident Name Kenneth V	Vartone		Vice President Name LOUIS MU	extore	
Sirver Address 40 Cha	ules 5		Sinvi Address Clu	ules ST	T
Cin Mou	State & I	2ip 02904	City MOU	State ST	21p 0 2904
Secretary Name			Treusurer Name		
Sirve Address			Street Address		-
City	State	Zip	City	State	Zip
). NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT) FILL IN SP	ACES BEFORE USING	ATTACHMENTS
Direction Name Kenneth	Martone		Director Naune	Martone	
Sinci Aglifoss Clicer	les St	•	Street Address C	weiles E	54.
Hoursewe	State /	1210 2904	City Hov	State	2ip / 704
Director Name		, ,	Din Ctor Name	·	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	 CHMENT)	: 11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	ן (זיא: דע) [
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 s	signed in ink by cithe	er the President, Vice Pr	resident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee

į.	
File Date	2-4-05
Check No. By:	2
	OR SECRETARY OF STATE USE ONLY

	anying schedules and state	at I have examined this repo ements, and that all stateme
Softmature of Officer	Martone	Date

Print or Type Name of Pipcer

Title of Officer



FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State.

Corporations Division 100 North Main Stree Providence, RI 02903-133, 401.222.304

Form 630 Rev. 12/03

. Corporate ID No.	2. Name of Corpore	ntfon				
106422	MARIO'S TO					
Sirver Address Principal Bulines		A.C	City	State	- 12.1p 02704	
. Business Phone No.	12	5. State of Incorporat	ion		6. SIC Code	
OZI-7770 7. Brief Description of the Characte	×	RHODE ISLA	ND			
TOWING SERVICE.	er of Business Conducted	т т кпохіе ізата				
. NAMES AND ADDRESSI	ES OF THE OFFICE	ers: ("X" box for A	• •	SPACES BEFORE USIN	G ATTACHMENTS	
resident Name	Maria)	Mce President Name	Martino		
Sincer Address A . A !	Margara		Street Address ()) vectore.	<u> </u>	
	arles 5	T	430	harles SI	<u>. </u>	
City (State ()	Zip 1 / 504	City (State &	7.10 Q 704	
Secretary Name	1.15.4		Treasurer Name			
Kirini ji rame						
Street Address			Street Address			
P. 100.	State	Zip	City	State	Zip	
City	Since		·			
9. NAMES AND ADDRESS	ES OF THE DIREC	TORS: ("X" BOX FOR	, <u> </u>	IN SPACES BEFORE US	ING ATTACHMENTS	
Director Propie	n Maral		Director Name	2 Marto	ziO	
Street Address	1 vais	T	Street Address	Pi la	ST	
480 (14	ver =	<u> </u>	470	weer les	<u> </u>	
City (JrA1)	State /	24 0 250	c) City /	State S	1 12 NO 704	
Director Name	I		Director Name			
				. <u>.</u> .		
Sirvet Address			Street Address			
City	State	Zip	City	State	Zip	
					· · · · · · · · · · · · · · · · · · ·	
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT) [11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENI) [
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
· · · · · · · · · · · · · · · · · · ·	1	111)1/	On.		11011	
200 NO PAR VALUE	(outri	NPV_	<u> </u>	Comm	1011	
This report must b	oc signed in ink by	either the President, V	ice President, Secretary, Assi-	stant Secretary, Treasure	r, Receiver or Trustee	
· · · · · · · · · · · · · · · · · · ·	,					
	ial liau arua aini aiala i	1818 1181 1981				
				1 declare and offer	- that I have appointed this ser	
			Under penalty of including any acc	perjury, I declare and attirit companying schedules and s	n that I have examined this rep statements, and that all statem	
*	10642	*	contained herein	are true, and correct	,	
File Date 1-21-01	۸		900	Mare	<u> </u>	
E460	i		Signature of Office	116 11.	Date Date	
Check No.	•		Kenu	Kenneth Mentone		
			Print or Type Name of Officer			

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLASEREAD INSTRUCTIONS

FORM MUST BE TYPED OR PRINTE	D IN BLACK) 2. Name of Corporation				
1. Corporate ID No.		IC INC	\cap		
106422	MARIO'S TOWIN	io, ino.	City /	State	Zip OC 1
3. Street Address Principal Business C	1.21 C	; 	Mac	AL	06709
700 Ma		5. State of Incorporation	7 700	/ /	6. SIC Code
4. Business Phone No.					0
7. Brief Description of the Character	of Rusiness Conducted in Rhi	RHODE ISLAND			
Lida	when Tou	Scruius			
8. NAMES AND ADDRESS	SES OF THE OFFICE	RS (*X* BOX FOR ATTACH	IMENT) FILL IN SPAC	CES BEFORE USING ATTACHMI	ENTS
President Name	M i		Vice President Name	111	
1	Marchael	l	10010	Mactore	
Sireer Addiess	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>-</u>	Street Address	Ala la d	
HAO (Shi	2/1/81/2/5/		4.70	Charles P.	
City	State /	Zip O	City &	State	Zip
190	P)+ 1	~ 0'4'707	1400	PL	05/704
Secretary Name		hi.	Treasurer Name		
HATIUM	$y \rightarrow I$	t0/110			
Street Address		,	Street Address		
401) V)	10000000	,	Cir.	State	Zip
City	State /	- Zip DOUG	City	31211	
1100	17-7	00707	ACCURACIONE DE LA COMPANIONE DE LA COMPA	PACES BEFORE USING ATTACH	MENTS
9. NAMES AND ADDRES	SES OF THE DIRECT	CORS ("X" BOX FOR ATT	ACHMENT) FILL IN S	ACES BELONE COM CONTRACTOR	
Director Name	c. Missid	4710			
CONVET	il foldere) rice	Street Address		
Street Address	01/01	って			
cin 7	State	Zip -	City	State	Zip
(27)		08/909	•		
Directof Name	11/01/		Director Name	•	
Mile	11/0/ Houl				
Street Address	1 1 2	~	Street Address		
4501) (1	M 65.5	<i>]</i> .		_	21-
City 1.	State /	Zip OC	City	State	ZIp
HAZI	\sim	001709			
10. SHARES AUTHORIZE	ED (*X* BOX FOR ATTAC	HMENT)		ED ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESUED SHARES	Class (Santas	Par Value
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	
200 NO PAR VALUE			400	Connon	NHU
ZUU HQ FAR TALUL			0,00		, -

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

Title of Office

,	* 1 0 6 4 2 2 *
File Date:	1.17.03
Check No.:	341
By:FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, ar
that all spatements coptained herein are true and correct.
1/20 16 where 1-703
Signature of Officer/ Date
Kenneth Warford
Print or Type Name of Officer
Mes

Form 630 12/02



FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP
PLEASE READ
INSTRUCTIONS

Filing Period: Januar	y 1-March I • F	iling Fee: \$50.00	TORI TOR 2		INSTRUCTION
FORM MUST BE TYPED IN BL	ACK)				
1. Curporate ID No.	2. Name of Corporation		 .		
106422		Towing, Inc.		State	Zip
3 Street Address Principal Busine	ss Office		Providence	RI	02904
430 Charles Str	eet	16.5		- KI	6 SIC Code
1. Business Phone No.		S. State of Incorporation	1		
401-621-86 2 Brief Description of the Charac		hade Island			
		NODE INGINE			
Auto Towin	CCEC OF THE OFFICE	EDS (-Y ROY FOR ATTY	CHMENT) OFILL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name	SSES OF THE OFFICE	ERS (A BOATON ALL	Vice President Name		
Kenneth Ma	artone		None		
Street Address			Street Address		
430 Charle	es Street				
City	State	Zip	City	State	Zip
Providence	e RI	02904			
Secretary Name			Treasurer Name None		
Kenneth Ma	artone			<u> </u>	
Street Address	0.4		Street Address		
430 Charle			City:	State	1Zip
City	e RI	02904	()		'
Providence	e KI		TTACHMENT) DFILL IN SPACE	ES BEFORE USING ATTA	ACHMENTS
9. NAMES AND ADDR	F22F2 OF THE DIKEC	TORS (A BOX FOR A	Duector Name		
Kenneth	Martone				
Street Address			Street Address		
1	les Street				
(,d)	State	Zip	City	State	Zip
Providen	ce RI	02904			
Progress Name		_ ,	Director Name		
·				<u> </u>	
Street Address			Street Address		
<u> </u>	In a	170	Gity	State	7:0
City	512te 	Zip	, ,,,		
i a a a a a a a a a a a a a a a a a a a	75 D (200 00% 500 AFSA		11 SHARES ISSUED	(*X* BOX FOR ATTACHMEN	<i>T)</i> D
10. SHARES AUTHORI	VED (-X- BOX FOR ATTA	CHMENI/ LI	ISSUED SHARES		
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
Number of Shares					NINI
200	Common	NPV	200	Common	NPV
ļ					
i	j			<u> </u>	
·		or the Bescident Vi	ice President, Secretary, As	sistant Secretary Treas	surer, Receiver or Tru
This report must be si	igned in ink by eith	er the riestaem, vi	ece (resident, secretor), 112	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FIL	FD		tholar months of	perjury, I declare and affir	rm that I have examined
1 16				ling any accompanying sc	
→ nfr. 1	8 2001			is contained herein are tru	
1 ~	• •••	1 2 35 Bl 330	1/	, ,	
File Date 3v 37	FIFSS IN TH	15t S 31 035	- X lsm	the Expartance	<u>{ J - (</u>
<u> </u>	<254 1111 111		Sognaturt of Officer	11 1111 2 2 2 10	(2001)
Check No. 2			Kernet	11 MINET COUR	



FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STO	
(PLEASE R INSTRUCT	1072 EYD
11.3	

(FORM MUST BE TYPED IN	BLACK)			_	
1. Curporate ID No.	2. Name of Corporation				
106422	Mario's	Towing, Inc.			
3. Street Address Principal Busi	ness Office		City	State	Zip
430 Charles St	reet		Providence	RI	02904
4. Business Phone No.		5. State of Incorporation			6 SIC Code
401-621-8	3606				
7 Brief Description of the Char	acter of Business Conducted in R	hode Island			
. Auto Towi	ing				_ <u></u> .
8. NAMES AND ADDI	RESSES OF THE OFFICE	ERS ("X" BOX FOR ATTA	CHMENT) OFILL IN SPACES	BEFORE USING ATTAC	HMENTS of Broth C
President Name			Vice President Name		
Kenneth N	Martone		None		<u> </u>
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
430 Char	les Street			<u> </u>	
City	State	Zip	City	State	Zip
Providenc	ce RI	02904			
Secretary Name	<u></u>	· <u> </u>	Treasurer Name		
Kenneth 1	Martone		None		
Street Address			Street Address		
	les Street				
Crty	State	Zip	City	State	Zip
Providen	ce RI	02904			
_	RESSES OF THE DIREC	TORS ("X" BOX FOR A	TTACHMENT) DFILL IN SPACE	CES BEFORE USING ATTA	ACHMENTS
Director Name	NEODES OF THE PARTY		Director Name		
Kenneth	Martone			_	
Street Address		 -	Street Address		
	rles Street				
Cate	State	Zip	City	State	Zip
Provide	nce RI	02904	-		
Di Atot Name			Director Name		
Street Address			Street Address		
1					
City	State	Zip	Cas	State	Zip
i					
IN SHARES AUTHOR	HIZED (*X* BOX FOR ATTAC	CHMENT) 🖸	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	7) 🗖
LAUTHORIZED SHARES			ZSUED SE ARUS		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Per Value
200	Common	NPV	200	Common	NPV
j					
1	j				
:					т.
This report must be	signed in ink by eithe	er the President, Vic	ce President, Secretary, A	ssistant Secretary, Treas	urer, Receiver or trus
	.ED				
	1 CEC - 250		Under penalty of	perjury, I declare and affir	m that I have examined
DEC 1	8 2001			ding any accompanying sc	
,		חבר ור	that all statement	ts contained herein are tru	e and correct.
By D	1 at 55 in 1119	PEC 18 230	. 1)	#1-11	12-16-01
File Date	5254 11.11.15 5254		_ Xesnl	ell ryruhuc	
: みり	フタンゴ	10 149\$\$9A00	Signature of Officer	1 111	pare
Check No.:		10 194 2932	Keenell	1 MARIENE_	
!	37475	53,120 E8	Profe or Approvame o	1 Office	

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST	BE TYPED IN BLACK	·)				
1 Carparate ID	No.	2. Name of Corporation	n -			· · · · · · · · · · · · · · · · · · ·
106422		Mario'	s Towing, Inc.			
3 Street Addres	is Principal Business Of	fice	<u> </u>	City	State	Zip
430 Ch	arles Street	t		Providence	RI	02904
4. Business Pho	me No.		5. State of Incorporation	J		6. SIC Code
4	01-621-8606					
7. Brief Descrip	tion of the Character of	Business Conducted in	Rhode Island	<u> </u>		•
:_A	uto Towing					
8. NAMES	AND ADDRESSE	S OF THE OFFIC	ERS ("X" BOX FOR ATTA	CHMENT) TITLL IN SPACES	BEFORE USING ATTAC	HMENTS
President Name				Vice President Name		
	Cenneth Marto	one		None		
Street Address		_		Street Address		
	30 Charles	_				 · · · · · ·
City _		State	Zip	City	State	Zip
	rovidence	RI	02904			
Secretary Name				Treasurer Nome		
	Cenneth Marto	one 		None	 _	
Street Address	.20 Chamles	Ctwast		Street Address		
	30 Charles				i.	
City 	rovidence	State RI	02904	City	State	Zip
<u> </u>				TACHMENT) DFILL IN SPAC	EC DECODE UCING ATT	A CURSEPIE
Director Name	AND ADDRESSE	3 OF THE DIKE	LIONS ("X" BOX FOR AL	Director Name	ES BEFORE USING AT I	ACHMENIS
, ,	Kenneth Mar	tone				
Street Address				Street Address		
Ì	430 Charles	Street				
City		State	Zip	City	State	Zip
!	Providence	RI	02904			! .
Director Name		<u> </u>		Director Name		
ļ						
Street Address			.	Street Address		·
City		State	Zip	City	State	Zip
ļ !			İ		j	}
10. SHARES	S AUTHORIZED	(*X* BOX FOR ATTAC	CHMENT) 🔲	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	r) U
ALTHORIZED SH	ARES			ISSUED SHARES		
Number of Shar	res	Class/Series	Par Value	Number of Shares	Class/Series	Far Value
	200	Common	NPV	200	Common	! NPV
		<u> </u>				
L	··· - · · · · · · · · · · · · · · · · ·	!	 			
This report	: must be signed	in ink by eithe	r the President, Vic	President, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Truste

- L	8 2001 7 #= C
File Date:	525 JO. 11 SE 7 11 311
Check No.:	SECEIVED STATE
By:	F STATE USE ONLY

• • • • • • • • • • • • • • • • • • •
Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
South Martine 13-1801
Signatule of Officer Date
Kenneth MARTONE
Print on Type Dame of Officer
PRESIDENT
Title of Officer