St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Comp Annual Report Filing Period: September 1 -	2		
	7-16-66(d), each limited liability comp thirty (30) days after the time presci enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2018		
1. ID No. <u>001060013</u>			
2. Exact Name of the Limited Liability Company <u>Bill's Towing LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>811111</u>			
4. Brief Description of the	Character of the Business Which	is Actually Conducted in Rh	ode Island
TOWING SERVICE.			
5. Principal Office Addres	S		
	<u>CHILD STREET</u> <u>RREN</u> State: <u>F</u>	<u>RI</u> Zip: <u>02885</u> Countr	ry: <u>USA</u>
6. Mailing Address of Lim	ited Liability Company and Name	or Title of Contact Person:	
Contact Name: Contact T No. and Street: <u>516 C</u> City or Town: WAR	CHILD STREET	RI Zip: 02885 Count	ry: USA
	Each Manager of the Limited Liab		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip	Code, Country
8. RESIDENT AGENT IN R	HODE ISLAND - DO NOT ALTER		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

WILLIAM F. CARDOZA 516 CHILD STREET WARREN, RI 02885

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of May, 2019 at 4:14:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WIILIAM F. CARDOZA

Signature of Authorized Person

Form No. 632 Revised 09/07

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