

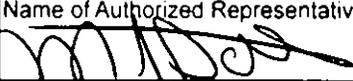


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2019 JUN -7 AM 10:42

Annual Report for the year: 2017
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. Entity ID Number 000064454		2. Exact name of the Corporation STATE TOWING SERVICES, INC		
3. Principal Office Address 380 VALLEY STREET		City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 488410	6. Brief description of the character of business conducted in Rhode Island TOWING AND STORAGE			
5. State of Incorporation RHODE ISLAND				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name MICHAEL SALAVATORE		Vice-President Name		
Street Address 713 ACADEMY AVENUE		Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		100	COMMON	.001
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 				Date 3/7/19
Signature of Authorized Representative Michael Salvatore				

FILED
 THE RECORDS CENTER

JUN 07 2019

BY J. W. RKA.
 A.A. 10:47 AM.

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