



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  
401-222-3040



**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. **64454** 2. Name of Corporation **State Towing Service, Inc.**

3. Street Address Principal Business Office

**380 Valley Street**

4. Business Phone No.

**(401) 331-8431**

5. State of Incorporation

**RHODE ISLAND**

City

**Providence**

State

**RI**

Zip

**02908**

6. SIC Code

**8896**

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

**Towing services, and any other lawful purposes.**

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

President Name

**Domenic Tudino**

Street Address

**380 Valley Street**

City

State

Zip

**Providence**

**RI**

**02908**

Secretary Name

**Irene Tudino**

Street Address

**380 Valley Street**

City

State

Zip

**Providence**

**RI**

**02908**

Vice President Name

**Irene Tudino**

Street Address

**380 Valley Street**

City

State

Zip

**Providence**

**RI**

**02908**

Treasurer Name

**Domenic Tudino**

Street Address

**380 Valley Street**

City

State

Zip

**Providence**

**RI**

**02908**

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

Director Name

**Domenic Tudino**

Street Address

**380 Valley Street**

City

State

Zip

**Providence**

**RI**

**02908**

Director Name

**Irene Tudino**

Street Address

**380 Valley Street**

City

State

Zip

**Providence**

**RI**

**02908**

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**1,000**

**common**

**no par value**

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



\* 6 4 4 5 4 \*

File Date: 1-28-03

Check No.: 3026

By: UP

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

Print of Type Name of Officer

Title of Officer

Date

Form 630 12/02



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  
401-222-3040



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.

64454

2. Name of Corporation

State Towing Service, Inc.

3. Street Address Principal Business Office

380 Valley Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

(401) 331-8431

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8896

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

Towing services, and any other lawful purpose.

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

President Name

Domenic Tudino

Street Address

380 Valley Street

City

Providence

State

RI

Zip

02908

Secretary Name

Irene Tudino

Street Address

380 Valley Street

City

Providence

State

RI

Zip

02908

Vice President Name

Irene Tudino

Street Address

380 Valley Street

City

Providence

State

RI

Zip

02908

Treasurer Name

Domenic Tudino

Street Address

380 Valley Street

City

Providence

State

RI

Zip

02908

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

Director Name

Domenic Tudino

Street Address

380 Valley Street

City

Providence

State

RI

Zip

02908

Director Name

Irene Tudino

Street Address

380 Valley Street

City

Providence

State

RI

Zip

02908

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

common

no par value

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



\* 6 4 4 5 4 \*

File Date: 2-6-02

Check No.: 2927

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] 1/30/02  
Signature of Officer Date

Domenic Tudino  
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 02903-1335  
401-222-3040



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. **64454** 2. Name of Corporation **State Towing Service, Inc.**

3. Street Address Principal Business Office **380 Valley Street** City **Providence** State **RI** Zip **02908**

4. Business Phone No. **(401) 331-8431** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**

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

**Towing services, and any other lawful purpose.**

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

President Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>	Vice President Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>
Secretary Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>	Treasurer Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>

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

Director Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>	Director Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>
---	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
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**1,000 SHS NO PAR VAL**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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**1,000 common no par value**

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



\* 6 4 4 5 4 \*

File Date: 1/31

Check No.: 103600

By: 22

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.

Irene Tudino 1-26-01  
Signature of Officer Date

Irene Tudino  
Print or Type Name of Officer

Vice President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. **64454** 2. Name of Corporation **State Towing Service, Inc.**  
3. Street Address Principal Business Office **380 Valley Street** City **Providence** State **RI** Zip **02908**  
4. Business Phone No. **(401) 331-8431** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**

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

**Towing services, and any other lawful purpose.**

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

President Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b> Secretary Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>	Vice President Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b> Treasurer Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>
--	---

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

Director Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>	Director Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>
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10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VAL</b>		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>common</b>	<b>no par value</b>

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



\* 6 4 4 5 4 \*

File Date: **PAID**  
Check No.: **JAN 25 2000**  
By: **SECY OF STATE**  
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.

**Irene Tudino** 1-21-00  
Signature of Officer Date  
**Irene Tudino**  
Print or Type Name of Officer  
**Vice Pres.**  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>64454</b>		2. Name of Corporation <b>State Towing Service, Inc.</b>					
3. Street Address Principal Business Office <b>380 Valley Street</b>				City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
4. Business Phone No. <b>(401) 331-8431</b>		5. State of Incorporation <b>RHODE ISLAND</b>				6. SIC Code <b>8896</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Towing services, and any other lawful purpose.</b>							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name <b>Domenic Tudino</b>				Vice President Name <b>Irene Tudino</b>			
Street Address <b>380 Valley Street</b>				Street Address <b>380 Valley Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>		
Secretary Name <b>Irene Tudino</b>				Treasurer Name <b>Domenic Tudino</b>			
Street Address <b>380 Valley Street</b>				Street Address <b>380 Valley Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name <b>Domenic Tudino</b>				Director Name <b>Irene Tudino</b>			
Street Address <b>380 Valley Street</b>				Street Address <b>380 Valley Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>		
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
<b>1,000 SHS NO PAR VAL</b>			<b>1,000</b>	<b>common</b>	<b>no par value</b>		

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



\* 6 4 4 5 4 \*

File Date: Feb 19, 1999

Check No.: 1923

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]  
Signature of Officer Date

Domenic Tudino  
Print or Type Name of Officer

President  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64454** 2. Name of Corporation **State Towing Service, Inc.**

3. Street Address Principal Business Office **380 Valley Street** City **Providence** State **RI** Zip **02908**

4. Business Phone No. **(401) 331-8431** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**

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

**Towing services, and any other lawful purpose.**

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

President Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b> Secretary Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>	Vice President Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence,</b> State <b>RI</b> Zip <b>02908</b> Treasurer Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>
--	--

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

Director Name <b>Domenic Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>	Director Name <b>Irene Tudino</b> Street Address <b>380 Valley Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02908</b>
---	---

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS NO PAR VAL</b>			<b>1,000</b>	<b>common</b>	<b>no par value</b>

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



File Date: 11/1/97  
Check No.: 1419  
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.

"X" [Signature] 6/24/97  
Signature of Officer Date  
Domenic Tudino  
Print or Type Name of Officer  
President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 64454		2. NAME OF CORPORATION State Towing Service, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 380 Valley Street		CITY Providence	STATE RI
		ZIP CODE 02908	
4. BUSINESS PHONE NO. (401) 331-8431	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 8896
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Towing, leasing and transportation			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Domenic Tudino			VICE PRESIDENT NAME Domenic Tudino		
STREET ADDRESS 380 Valley Street			STREET ADDRESS 380 Valley Street		
CITY Providence	STATE RI	ZIP CODE 02908	CITY Providence	STATE RI	ZIP CODE 02908
SECRETARY NAME Domenic Tudino			TREASURER NAME Domenic Tudino		
STREET ADDRESS 380 Valley Street			STREET ADDRESS 380 Valley Street		
CITY Providence	STATE RI	ZIP CODE 02908	CITY Providence	STATE RI	ZIP CODE 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Domenic Tudino			DIRECTOR NAME		
STREET ADDRESS 380 Valley Street			STREET ADDRESS		
CITY Providence	STATE RI	ZIP CODE 02908	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VAL			1,000	common	no par value

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date:

4/30/96

Check No:

1069

By:

For Secretary of State Use Only

Signature of Officer

Print or Type Name of Officer

President - State Towing Service, Inc. 4/24

Title of Officer

Date

## State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0054454

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: State Towing Service, Inc.Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Not applicable

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

380 Valley StreetProvidence, RI 02908Phone: ( 401 ) 331-84031

Brief statement of the character of business conducted in Rhode Island:

Towing, leasing and transportation**THE NAMES OF THE OFFICERS ARE:**

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>
VICE PRESIDENT <u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>
SECRETARY <u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>
TREASURER <u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 1000 Class / Series Common stock

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 1000 Class / Series Common stockDate May 16, 19 95By: Domenic Tudino

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING President

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAUL V. JABOUR, ESQ

405 BROADWAY

PROVIDENCE

RI 02909

**FILED**

MAY 19 1995

By [Signature]  
764 839



Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0064454 Annual Report for the year: 1994

Name of Business Entity: State Towing Service, Inc.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:

Not applicable

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

380 Valley Street  
Providence, RI 02908

Phone (401) 331-8431

Business Entity is (check one).

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-1.6)

Name, title and mailing address of contact person to whom communications may be directed

Attorney Paul V. Jabour  
405 Broadway  
Providence, RI 02908

Brief statement of the character of business conducted in Rhode Island:

Towing, leasing and transportation

Date of Organization: September 10, 1993 *5/22/94*

Date of Qualification to do business in Rhode Island (if foreign entity):

Not applicable

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
	<u>Domenic Tudino</u>	<u>380 Valley Street</u>	<u>Providence, RI</u>	<u>02908</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>1000</u>	NUMBER <u>1000</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>no par value</u>	PAR VALUE OR WITHOUT PAR <u>no par value</u>

Date June 2, 19 94

By: Domenic Tudino  
Domenic Tudino  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

FILED

AUG 17 1994

Form 31 194 By: R. M. Chell  
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

PAUL V. JABOUR, ESQ  
405 BROADWAY  
PROVIDENCE RI 02909

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0054454 Annual Report for the year 1993

FIRST: The name of the corporation is State Towing Service, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is towing, leasing, transportation, and any other lawful purpose

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 380 Valley Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Domenic Tudino</u>	<u>Director</u>	<u>380 Valley Street, Providence, RI 02908</u>
<u></u>	<u>Director</u>	<u></u>
<u></u>	<u>Director</u>	<u></u>
<u>Domenic Tudino</u>	<u>President</u>	<u>380 Valley Street, Providence, RI 02908</u>
<u>Domenic Tudino</u>	<u>Vice President</u>	<u>380 Valley Street, Providence, RI 02908</u>
<u>Domenic Tudino</u>	<u>Secretary</u>	<u>380 Valley Street, Providence, RI 02908</u>
<u>Domenic Tudino</u>	<u>Treasurer</u>	<u>380 Valley Street, Providence, RI 02908</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
<u>1,000</u>	<u>common</u>	

Par Value  
or statement that  
shares are without  
par value  
no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
<u>10</u>	<u>common</u>	

Par Value  
or statement that  
shares are without  
par value  
no par value

Dated June 21, 19 93

STATE TOWING SERVICE, INC.

(Name of Corporation)

By Domenic Tudino

Domenic Tudino

Title President

(Report must be signed by an officer)

**WAIVER OF NOTICE AND MINUTES OF ANNUAL JOINT  
MEETING OF THE STOCKHOLDERS AND BOARD OF DIRECTORS**  
**OF**  
**STATE TOWING, INC.**

The annual joint meeting of the stockholders and directors of **STATE TOWING, INC.** was held on the 1st day of May, 1993, at 10:00 a.m. at the office of the corporation being present in person, namely,

**DOMENIC TUDINO**

**Domenic Tudino** presided over the meeting and acted as Secretary of the meeting. He then presented the Minutes of the last annual joint meeting of the directors and stockholders which were read and approved.

Upon motion duly made and seconded, it was unanimously:

**RESOLVED:** That all purchases, contracts, and contributions, compensations, acts, and proceedings, election, and appointment by the Board of Directors since the last Annual Meeting of the stockholders and directors of the Corporation be approved and ratified.

The meeting then proceeded to the election of the directors as successors to the directors whose terms expires with the annual meeting. By unanimous vote; the following were elected by the stockholders to serve as directors until the next annual meeting, or until their successors shall have been elected and qualified:

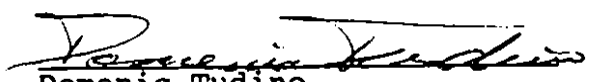
**Domenic Tudino**

By unanimous vote, the following were elected to serve in the offices stated next to their names, until the next annual meeting or until their successors shall be duly elected and qualified:

<b>Domenic Tudino</b>	<b>President</b>
<b>Domenic Tudino</b>	<b>Vice President</b>
<b>Domenic Tudino</b>	<b>Secretary</b>
<b>Domenic Tudino</b>	<b>Treasurer</b>

There being no further business to come before the meeting, upon motion duly made and seconded, the meeting was adjourned.

**WAIVER OF NOTICE AND ASSENT OF ACTION:**

  
**Domenic Tudino**

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

0054454

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FIFTH: Business address in Rhode Island 380 Valley Street, Providence, Rhode Island 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Domenic Tudino	Director	380 Valley Street, Providence, RI 02908
	Director	
	Director	
Domenic Tudino	President	380 Valley Street, Providence, RI 02908
Domenic Tudino	Vice President	380 Valley Street, Providence, RI 02908
Domenic Tudino	Secretary	380 Valley Street, Providence, RI 02908
Domenic Tudino	Treasurer	380 Valley Street, Providence, RI 02908

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
10	common		no par value

APR 10 1992

SECRETARY OF STATE

Dated April 6, 19 92

STATE TOWING SERVICE, INC.

(Name of Corporation)

By Domenic Tudino

Domenic Tudino

Title President

(Report must be signed by an officer)

**WAIVER OF NOTICE AND MINUTES OF ANNUAL JOINT  
MEETING OF THE STOCKHOLDERS AND BOARD OF DIRECTORS**  
**OF**  
**STATE TOWING SERVICE, INC.**

The annual joint meeting of the stockholders and directors of **STATE TOWING SERVICE, INC.** was held on the 3rd day of March, 1992, at 10:00 a.m. at the office of the corporation being present in person, namely,

**DOMENIC TUDINO**

**Domenic Tudino** presided over the meeting and acted as Secretary of the meeting. He then presented the Minutes of the last annual joint meeting of the directors and stockholders which were read and approved.

Upon motion duly made and seconded, it was unanimously:

RESOLVED: That all purchases, contracts, and contributions, compensations, acts, and proceedings, election, and appointment by the Board of Directors since the last Annual Meeting of the stockholders and directors of the Corporation be approved and ratified.

The meeting then proceeded to the election of the directors as successors to the directors whose terms expires with the annual meeting. By unanimous vote; the following were elected by the stockholders to serve as directors until the next annual meeting, or until their successors shall have been elected and qualified:

**Domenic Tudino**

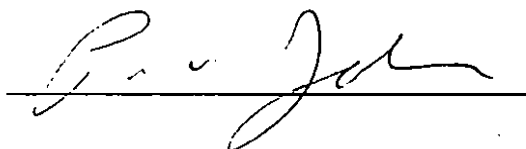
By unanimous vote, the following were elected to serve in the offices stated next to their names, until the next annual meeting or until their successors shall be duly elected and qualified:

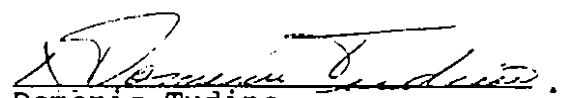
**Domenic Tudino**  
**Domenic Tudino**  
**Domenic Tudino**  
**Domenic Tudino**

**President**  
**Vice President**  
**Secretary**  
**Treasurer**

There being no further business to come before the meeting, upon motion duly made and seconded, the meeting was adjourned.

WAIVER OF NOTICE AND ASSENT OF ACTION:



  
Domenic Tudino



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED) IN BLACK)

1. Corporate ID No.

2. Name of Corporation

64454

State Towing Service, Inc.

3. Street Address Principal Business Office

380 Valley Street

City

Providence

State

RI

Zip

02908

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 331-8431.

RHODE ISLAND

8898

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

Towing, leasing, transportation, and any other lawful purpose.

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

President Name

Vice President Name

Domenic Tudino

Domenic Tudino

Street Address

Street Address

380 Valley Street

380 Valley Street

City

State

Zip

Providence

RI

02908

City

State

Zip

Providence

RI

02908

Secretary Name

Treasurer Name

Domenic Tudino

Domenic Tudino

Street Address

Street Address

380 Valley Street

380 Valley Street

City

State

Zip

Providence

RI

02908

City

State

Zip

Providence

RI

02908

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

Director Name

Director Name

Domenic Tudino

Street Address

Street Address

380 Valley Street

City

State

Zip

Providence.

RI

02908

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VAL

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

common

no par value

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



File Date: 3.2.98

Check No.: 1617

By: WP

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.

Domenic Tudino 2/26/98  
Signature of Officer Date

Domenic Tudino

Print or Type Name of Officer

President

Title of Officer