



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2020 FEB -3 PM 1:09

|   |  |  |   |                           |  |
|---|--|--|---|---------------------------|--|
| 1. Entity ID Number<br><b>000004503</b>   |  | 2. Exact name of the Corporation<br><b>Interstate Towing Corp.</b> |   |                           |  |
| 3. Principal Office Address<br><b>855 River Street</b>  |  |  | City<br><b>Woonsocket</b>                       | State<br><b>RI</b>        | Zip<br><b>02895</b>  |
| 4. NAICS Code<br><b>488410</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>Towing of automobiles and trucks for repairs and other purposes.</b> |  |   |                           |  |
| 5. State of Incorporation<br><b>RI</b>  |  |  |   |                           |  |
| 7. List ALL officers (names and addresses)  |  |  |   |                           | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name <b>Lorraine M. Turcotte</b>  |  |  | Vice-President Name <b>Lorraine M. Turcotte</b> |                           |  |
| Street Address <b>234 Carrington Avenue</b>   |  |  | Street Address <b>234 Carrington Avenue</b>     |                           |  |
| City <b>Woonsocket</b>  | State <b>RI</b>  | Zip <b>02895</b>   | City <b>Woonsocket</b>                          | State <b>RI</b>           | Zip <b>02895</b>   |
| Secretary Name <b>Lorraine M. Turcotte</b>  |  |  | Treasurer Name <b>Lorraine M. Turcotte</b>      |                           |  |
| Street Address <b>234 Carrington Avenue</b>   |  |  | Street Address <b>234 Carrington Avenue</b>     |                           |  |
| City <b>Woonsocket</b>  | State <b>RI</b>  | Zip <b>02895</b>   | City <b>Woonsocket</b>                          | State <b>RI</b>           | Zip <b>02895</b>   |
| 8. List ALL directors (names and addresses)   |  |  |   |                           | Check the box to indicate an attachment <input type="checkbox"/> |
| Director Name <b>N/A</b>  |  |  | Director Name <b>N/A</b>                        |                           |  |
| Street Address  |  |  | Street Address                                  |                           |  |
| City  | State  | Zip  | City  | State                     | Zip  |
| Director Name <b>N/A</b>  |  |  | Director Name <b>N/A</b>                        |                           |  |
| Street Address  |  |  | Street Address                                  |                           |  |
| City  | State  | Zip  | City  | State                     | Zip  |
| 9. Shares Authorized  |  | 10. Shares Issued  |   |                           |  |
| This information is currently of record in the Department of State.   |  | Check the box to indicate an attachment <input type="checkbox"/>   |   |                           |  |
| Changes require an additional filing.   |  | NUMBER OF SHARES<br><b>400</b>                                     | CLASS/SERIES<br><b>CNP</b>                      | PAR VALUE<br><b>NPV</b>   |  |
|   |  |  |   |                           |  |
| 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<br><b>Lorraine M. Turcotte</b>  |  |  |   | Date<br><b>12/30/2019</b> |  |
| Signature of Authorized Representative<br><i>Lorraine M. Turcotte</i>   |  |  |   | SIGN DOCUMENT HERE        |  |

FILED

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

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