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

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED
MAR 18 2020
BY 10072 DS

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SECRETARY OF STATE
CORPORATIONS DIV.
2020 MAR 18 PM 1:48

1. Entity ID Number	2. Exact name of the Corporation			
000091795	OCEAN STATE TOWING & RECOVERY, INC.			
3. Principal Office Address		City	State	Zip
120 PERSHING STREET		EAST PROVIDENCE	RI	02914
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
488410				
5. State of Incorporation				
RI	TOWING SERVICE			

7. List ALL officers (names and addresses)			Check the box to indicate an attachment ☐		
President Name			Vice-President Name		
STEVEN LADEIRA					
Street Address			Street Address		
177 PLEASANT STREET					
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769			
Secretary Name			Treasurer Name		
NICOLE LADEIRA			NICOLE LADEIRA		
Street Address			Street Address		
177 PLEASANT STREET			177 PLEASANT STREET		
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769	REHOBOTH	MA	02769

8. List ALL directors (names and addresses)			Check the box to indicate an attachment ☐		
Director Name			Director Name		
STEVEN LADEIRA			NICOLE LADEIRA		
Street Address			Street Address		
177 PLEASANT STREET			177 PLEASANT STREET		
City	State	Zip	City	State	Zip
REHOBOTH	MA	02769	REHOBOTH	MA	02769
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued		Check the box to indicate an attachment ☐
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	COMMON	0

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 3/16/2020

Signature of Authorized Representative
STEVEN LADEIRA

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

FORM 630 - Revised: 10/2017