



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 137678		2. Exact name of the limited liability company Toohy's Pilot Car Services LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Escorting oversize trucks.			
5. Principal office address 196 HARMONY ROAD.		City N. Scituate	State RI.	Zip 02857	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Joseph Michael Toohy			Contact Title Owner & Manager		
Street Address 196 HARMONY ROAD.		City N. Scituate	State RI.	Zip 02857	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Joseph Michael Toohy			Manager Name		
Street Address 196 HARMONY ROAD.			Street Address		
City N. Scituate	State RI	Zip 02857	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOSEPH MIKE TOOHEY			Address		
Address 196 HARMONY ROAD			City NORTH SCITUATE	Zip 02857	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/10/2005
Check No.	1167
By:	J.M.T.
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.

Joseph Michael Toohy
Signature of Authorized Person Date
Joseph Michael Toohy
Print or Type Name of Authorized Person