



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2021  
Corporation

JAN 12 2021

BY WJG

- 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 <b>44245</b>		2. Exact name of the Corporation <b>CABRAL'S TOWING, INC.</b>					
3. Principal Office Address <b>10 GOLDSMITH AVENUE</b>				City <b>E. PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>483211</b>		6. Brief description of the character of business conducted in Rhode Island <b>BUSINESS OF TOWING VEHICLES &amp; STORAGE</b>					
5. State of Incorporation <b>RHODE ISLAND</b>							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name <b>CHARLES PONTON</b>				Vice-President Name <b>CHARLES PONTON</b>			
Street Address <b>10 GOLDSMITH AVENUE</b>				Street Address <b>10 GOLD SMITH AVE</b>			
City <b>E. PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>	City <b>E. PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>CHARLES PONTON</b>				Treasurer Name <b>CHARLES PONTON</b>			
Street Address <b>10 GOLDSMITH AVENUE</b>				Street Address <b>10 GOLDSMITH AVENUE</b>			
City <b>E. PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>	City <b>E. PROVIDENCE</b>		State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
9. Shares Authorized				10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
				<b>100</b>		<b>COMMON</b>	<b>NO PAR</b>
							<b>VALUE</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.							
<b>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.</b>							
Name of Authorized Representative <b>CHARLES PONTON</b>						Date <b>1/7/21</b>	
Signature of Authorized Representative 							

MAIL TO:  
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