



State of Rhode Island
Department of State - Business Services Division

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 RI DEPT. OF STATE
 BUS SVCS DIV
 2021 APR 19 AM 11:48

Annual Report for the year: 2021
Corporation

- 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 58529		2. Exact name of the Corporation Matarese Towing Inc.			
3. Principal Office Address 56 Frances Drive		City Cranston		State RI	Zip 02920
4. NAICS Code 999999		6. Brief description of the character of business conducted in Rhode Island Towing and all other lawful purposes			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fred A. Matarese			Vice-President Name Fred A. Matarese		
Street Address 56 Frances Drive			Street Address 56 Frances Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Fred A. Matarese			Treasurer Name Fred A. Matarese		
Street Address 56 Frances Drive			Street Address 56 Frances Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			-1000-	COMMON	zero par value
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 Fred A. Matarese, Vice President					Date 4-13-2021
Signature of Authorized Representative <i>Fred A. Matarese</i>					

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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