



State of Rhode Island  
**Department of State - Business Services Division**

**FILED  
 STAMP**  
 OCT 20 2021  
 BY 215  
[Signature]

**Annual Report for the year: 2021**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |  |  |     |                             |  |                        |                  |
|---|--|--|-----|-----------------------------|--|------------------------|------------------|
| 1. Entity ID Number<br><b>536316</b>  |  | 2. Exact name of the Limited Liability Company<br><b>American Towing &amp; Storage, LLC</b>                                    |     |                             |  |                        |                  |
| 3. NAICS Code<br>488410   |  | 4. Brief description of the character of business conducted in Rhode Island<br>Towing and short-term storage of motor vehicles |     |                             |  |                        |                  |
| 5. State of Formation<br>RI   |  |  |     |                             |  |                        |                  |
| 6. Principal Office Address<br>339 Market Street  |  |  |     | City<br>Warren              |  | State<br>RI            | Zip<br>02885     |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |     |                             |  |                        |                  |
| Contact Name <b>Grace Batista</b>   |  |  |     | Contact Title <b>Member</b> |  |                        |                  |
| Street Address <b>339 Market Street</b>   |  |  |     | City <b>Warren</b>          |  | State <b>RI</b>        | Zip <b>02885</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |  |  |     |                             |  |                        |                  |
| Manager Name <b>None</b>  |  |  |     | Manager Name <b>None</b>    |  |                        |                  |
| Street Address  |  |  |     | Street Address              |  |                        |                  |
| City  |  | State  | Zip | City                        |  | State                  | Zip              |
| Manager Name <b>None</b>  |  |  |     | Manager Name <b>None</b>    |  |                        |                  |
| Street Address  |  |  |     | Street Address              |  |                        |                  |
| City  |  | State  | Zip | City                        |  | State                  | Zip              |
| Check the box to indicate an attachment <input type="checkbox"/>  |  |  |     |                             |  |                        |                  |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |  |  |     |                             |  |                        |                  |
| <i>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.</i> |  |  |     |                             |  |                        |                  |
| Name of Authorized Person<br><b>Grace Batista</b>   |  |  |     |                             |  | Date<br><b>10-8-21</b> |                  |
| Signature of Authorized Person<br><u>[Signature: Grace Batista]</u>   |  |  |     |                             |  |                        |                  |

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