



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

Annual Report for the year: 2023

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 RI DEPT. OF STATE  
 BUS SVCS DIV

2023 MAR -7 A 9:59

1. Entity ID Number <b>001723513</b>		2. Exact name of the Corporation <b>DNM Towing Services Inc</b>	
3. Principal Office Address <b>8 Marconi street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
4. NAICS Code <b>488410</b>	6. Brief description of the character of business conducted in Rhode Island <b>Local tow truck towing motor vehicles in the state of RI, including junk cars</b>		
5. State of Incorporation <b>RI</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>none</b>		Vice-President Name <b>SARGEUR Nheb</b>	
Street Address		Street Address <b>8 marconi street</b>	
City	State	City	State
		<b>Providence</b>	<b>RI</b>
			Zip <b>02909</b>
Secretary Name <b>none</b>		Treasurer Name <b>none</b>	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address		Street Address	
City	State	City	State
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address		Street Address	
City	State	City	State
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 <b>0</b>	CLASS/SERIES <b>STK</b>
			PAR VALUE <b>0</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>Manoutham Phommaechanh</b>			Date <b>3/7/2023</b>
Signature of Authorized Representative <i>M Phommaechanh</i>			

**FILED**

MAR 07 2023  
 BY ML 9W77F