



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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 DEPT. OF STATE
 BUS SVCS DIV

2023 MAR -7 A 9:59

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

FILED

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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