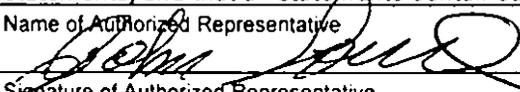


State of Rhode Island
 Department of State - Business Services Division

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.

FILED
MAR 17 2023
 BY 1755 DS

1. Entity ID Number 001717232		2. Exact name of the Corporation VALLEY VIEW TOWING INC				
3. Principal Office Address 73 WILNA STREET			City PROVIDENCE	State RI	Zip 02904	
4. NAICS Code 488410		6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI		TOWING				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name ERYANA SANTOS			Vice-President Name			
Street Address 73 WILNA ST			Street Address			
City PROVIDENCE	State RI	Zip 02904	City	State	Zip	
Secretary Name ERYANA SANTOS			Treasurer Name ERYANA SANTOS			
Street Address 73 WILNA ST			Street Address 73 WILNA ST			
City PROVIDENCE	State RI	Zip 02904	City PROVIDENCE	State RI	Zip 02904	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name ERYANA SANTOS			Director Name			
Street Address 73 WILNA ST			Street Address			
City PROVIDENCE	State RI	Zip 02904	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		CLASS/SERIES	PAR VALUE	
		100		CNP		
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 					Date 3-15-23	
Signature of Authorized Representative JOHN A SANTOS						

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