

State of Rhode Island
Department of State - Business Services Division

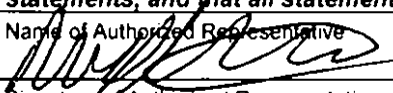
Annual Report for the year: 2023
Corporation

- 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 20 2023

BY 104
RS

1. Entity ID Number 001688181		2. Exact name of the Corporation DENT FIXX TOWING, INC.			
3. Principal Office Address 482 WATERMAN AVENUE		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 811110	6. Brief description of the character of business conducted in Rhode Island TOWING				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL QUINTANILHA			Vice-President Name		
Street Address 482 WATERMAN AVE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name MICHAEL QUINTANILHA		
Street Address			Street Address 482 WATERMAN AVE		
City	State	Zip	City	State	Zip
			EAST PROVIDENCE	RI	02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL QUINTANILHA			Director Name		
Street Address 482 WATERMAN AVE			Street Address		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914			
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 03/15/23
Signature of Authorized Representative MICHAEL QUINTANILHA					

MAIL TO:

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