



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

Corporation

2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAY 11 2023

BY

9404

1. Entity ID Number 000876770		2. Exact name of the Corporation RT 95 TOWING SERVICES, INC.												
3. Principal Office Address 204 Vine Street			City Pawtucket	State RI	Zip 02861									
4. NAICS Code 48-49 Transportation		6. Brief description of the character of business conducted in Rhode Island Transportation and towing of vehicles.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name James Abbott			Vice-President Name James Abbott											
Street Address 204 Vine Street			Street Address 204 Vine Street											
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861									
Secretary Name James Abbott			Treasurer Name James Abbott											
Street Address 204 Vine Street			Street Address 204 Vine Street											
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	COMMON	NO PAR												
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 James Abbott				Date 4/22/23										
Signature of Authorized Representative 														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov