



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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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY 22 A 11:35

1. Entity ID Number <u>486285</u>		2. Exact name of the Corporation <u>National Towing, Inc</u>	
3. Principal Office Address <u>540 Huntington Ave.</u>		City <u>Providence</u>	State <u>RI</u>
4. NAICS Code <u>488 410</u>		6. Brief description of the character of business conducted in Rhode Island <u>Vehicle Towing</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Olga Downes</u>		Vice-President Name <u>Olga Downes</u>	
Street Address <u>651 Narragansett Pky</u>		Street Address <u>651 Narragansett Pky</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
Secretary Name <u>Olga Downes</u>		Treasurer Name <u>Olga Downes</u>	
Street Address <u>651 Narragansett Pky</u>		Street Address <u>651 Narragansett Pky</u>	
City <u>Warwick</u>	State <u>RI</u>	City <u>Warwick</u>	State <u>RI</u>
Zip <u>02888</u>		Zip <u>02888</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Olga Downes</u>		Director Name	
Street Address <u>651 Narragansett Pky</u>		Street Address	
City <u>Warwick</u>	State <u>RI</u>	City	State
Zip <u>02888</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.		<u>100</u>	<u>\$0.01</u>
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 <u>Olga Downes</u>			Date <u>5/22/23</u>
Signature of Authorized Representative <u>Olga Downes</u>			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

MAY 22 2023
BY [Signature] 462
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