

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FEB 14 2024

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1. Entity ID Number 000004503		2. Exact name of the Corporation INTERSTATE TOWING CORP.				
3. Principal Office Address 51 PARKER STREET			City WOONSOCKET	State RI	Zip 02895-5252	
4. NAICS Code 488410	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 LAURA L. TURCOTTE			Vice-President Name LAURA L. TURCOTTE			
Street Address PO BOX 385			Street Address PO BOX 385			
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876	
Secretary Name LAURA L. TURCOTTE			Treasurer Name LAURA L. TURCOTTE			
Street Address PO BOX 385			Street Address PO BOX 385			
City SLATERSVILLE	State RI	Zip 02876	City SLATERSVILLE	State RI	Zip 02876	
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		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	
		400		COMMON		
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 Laura Turcotte					Date 2/6/24	
Signature of Authorized Representative LAURA L. TURCOTTE						

MAIL TO:

Division of Business Services

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