



State of Rhode Island
Department of State - Business Services Division

FILED

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 15 2024

BY SSA J
DS

1. Entity ID Number 57930		2. Exact name of the Corporation BILL'S TOWING INC.			
3. Principal Office Address 2711 POST RD			City WARWICK	State RI	Zip 02886
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, BUY, SELL, RENT, STORE AND TOW MOTOR VEHICLES OF ALL KINDS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name WILLIAM GIVEN			Vice-President Name KELLY ANN DUFRESNE		
Street Address 56 FRIENDLY RD			Street Address 143 HOWLAND AVE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02820
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		1000		CNP NPV	
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 WILLIAM GIVEN				Date 2-5-24	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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