



**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.

**FILED**

**MAR 07 2024**

BY 24802 DS

1. Entity ID Number 58529		2. Exact name of the Corporation Matarese Towing Inc.	
3. Principal Office Address 56 Frances Drive		City Cranston	State RI
4. NAICS Code 488410		6. Brief description of the character of business conducted in Rhode Island Towing and all other lawful purposes.	
5. State of Incorporation Rhode Island		7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
President Name Fred A. Matarese		Vice-President Name Fred A. Matarese	
Street Address 56 Frances Drive		Street Address 56 Frances Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920	Zip 02920		
Secretary Name Fred A. Matarese		Treasurer Name Fred A. Matarese	
Street Address 56 Frances Drive		Street Address 56 Frances Drive	
City Cranston	State RI	City Cranston	State RI
Zip 02920	Zip 02920		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		9. Shares Authorized	
Director Name n/a		This information is currently of record in the Department of State. Changes require an additional filing.	
Street Address		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
City		NUMBER OF SHARES 1000	
State		CLASS/SERIES common	
Zip		PAR VALUE zero par value	
Director Name		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.	
Street Address		Name of Authorized Representative Fred A. Matarese, President	
City		Date 3-5-2024	
State		Signature of Authorized Representative <i>Fred Matarese</i>	
Zip			

**MAIL TO:**  
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