



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 25 2024

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1. Entity ID Number 000486285		2. Exact name of the Corporation National Towing, Inc.				BY <u> </u>	
3. Principal Office Address 540 Huntington Ave				City Providence	State RI	Zip 02907	
4. NAICS Code 488410		6. Brief description of the character of business conducted in Rhode Island Vehicle Towing					
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 Olga Downes				Vice-President Name Olga Downes			
Street Address 651 Narragansett Pky				Street Address 651 Narragansett Pky			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888		
Secretary Name Olga Downes				Treasurer Name Olga Downes			
Street Address 651 Narragansett Pky				Street Address 651 Narragansett Pky			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888		
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"/>				
			NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE .01		
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. <i>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.</i>							
Name of Authorized Representative Olga Downes					Date 03/20/2024		
Signature of Authorized Representative 							