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
BY

1. Entity ID Number	2. Exact name of the Corporation
000486285	National Towing, Inc.

3. Principal Office Address	City	State	Zip
540 Huntington Ave	Providence	RI	02907

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
488410	Vehicle Towing
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

	President	Vice-President
Name	Olga Downes	Olga Downes
Street Address	651 Narragansett Pky	651 Narragansett Pky
City / State / Zip	Warwick / RI / 02888	Warwick / RI / 02888
	Secretary	**Treasurer**
Name	Olga Downes	Olga Downes
Street Address	651 Narragansett Pky	651 Narragansett Pky
City / State / Zip	Warwick / RI / 02888	Warwick / RI / 02888

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		.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.

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	Date
Olga Downes	03/20/2024

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised. 12/2023