RI SOS Filing Number: 202454141050 Date: 4/30/2024 4:00:00 PM

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.

APR 30 2024
1125 DL

1. Entity ID Number	2. Exact name of the Corporation
000104074	Cumberland Towing & Service, Inc.

3. Principal Office Address	City	State	Zip
420 Mendon Road, Unit 7	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
532111	To engage in the repair , storage and rental of vehicles.
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
Charles A. Lombardi, Jr.	Same as President
Street Address: 420 Menodn Road, Unit 7	Street Address:
City: Cumberland / State: RI / Zip: 02864	City: / State: / Zip:
Secretary Name: Same as President	Treasurer Name: Same as President
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

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

Director Name	Director Name
None	
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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1000	CNP	$0.00

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
Charles A. Lombardi, Jr.	4/17/24

Signature of Authorized Representative: Charles A Lombardi

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