| _CFE0 |
|-------|
| |
| AB. |
| |

State of Rhode Island Department of State - Business Services Division

) RIDOS ESD RIDOS ESD

Annual Report for the year: Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2024

| 1. Entity ID Number | 2. Exact name of the Limite | 2. Exact name of the Limited Liability Company Moe's Tow 'N Go LLC | | | |
|---|---|--|-----------------------|----------------------|--|
| 001744711 | Moe's Tow 'N Go | | | | |
| 3. NAICS Code 488410 | Brief description of the character of business conducted in Rhode Island Motor Vehicle Towing | | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address | | City | State | Zip | |
| 1 Macera Farm Rd | | Johnston | RI | 02919 | |
| 7. Mailing Address of Limite | d Liability Company and Name or | Title of Contact Person | 1 | | |
| Contact Name Mohammed Hassan | | Contact Title Manager - | | | |
| Street Address 1 Macera Farm Rd | | City Johnston | State RI | ^{Zip} 02919 | |
| 8. The Resident Agent infor | mation currently of record with the | RI Department of State is accu | rate. Changes require | e filing Form 642. | |
| 9. Under penalty of perjur statements, and that all st | y, I declare and affirm that I hav latements contained herein are | e examined this report, include true and correct. | ding any accompany | ing schedules and | |
| Name of Authorized Person | | | Date | 0 0.1 | |
| Mohammed Hassan | _ | | 19-3n-24 | | |
| Signature of Authorized Per | son Ares Sia | | | <u> </u> | |

FILED 10:49

MAY 2 2024

BY BEDPT

MAIL TO:

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

Phone: (401) 222-3040 Website: www.sos.ri.gov