F	RI SOS Filing N	umbe	er: 20256	646	40360	Date	: 2/6/2	025 4:00:00 PM				
. A	ate of Rhode Island	it <u>ate - Business Servi</u> ces D				Divis	sion		FILEL			
	oort for the year:		2025						FEB	FEB 0 6 2025		
Corporation ————————————————————————————————————										av 20138		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00												
→ Penalty	: Additional \$25.00 f		e if form is not filed by May 31.									
1. Entity ID Number 2. Exact name R&K TOV					I the Corporation ING, INC.							
		ro	ik lovy	///	G, INC.							
	Office Address						ronata		State		Zip	
IZII Cra	nston Street						ransto	n] RI	<u> </u>	02920	
			6. Brief description of the character				usiness	conducted in Rhode Is	land			
488410			OPERATION OF AUTOMOBILE REPAIR BUSINESS AND TRANSPORTATION OF WRECKED OR DISABLED MOTOR									
5. State of In			VEHICLES									
RHODE	ISLAND											
	ficers (names and add		s)					Check the bo	ox to in	dicate an at	tachment 🗆	
President Nam	^{le} Angelo Moretti	i					Vice-President Name Mario Moretti					
Street Address 37 Nottingham Drive						Street Address 10 High Meadow Court						
	or Houngham											
City Hope		State	RI	Zip	02831	City	Crans	ston	State	RI	02920	
Secretary Name Mario Moretti						Treasurer Name Angelo Moretti						
						J						
Street Address 10 High Meadov			w Court				Street Acdress 37 Nottingham Drive					
City Cranston		State RI		Zip	^{Zip} 02920		City Hope		State RI 702831			
		1			02020		Порс		41			
8. List ALL directors (names and addresses) Director Name Angelo Moretti					<u>.</u>	Dire	ctor Nam	Check the bo	ox to in	dicate an at	tachment 📋	
			****			」 Ⅰ	Director Name Mario Moretti					
Street Address 37 Nottingham [Drive			Street Address 10 High Meadow Court						
^{City} Hope		State	RI	Zıp	02831				State		7 70000	
	<u> </u>			02001		Cranston				70 02920		
Director Name						Uire	Director Name					
Street Address	3				<u> </u>	Stre	et Addre	SS				
City		State		17.	Zip		City			State Z _{IP}		
		Olate		["			City			·	Zip	
9. Shares Authorized			10. Shares issu							ox to indicate an attachment		
This information is currently of record in the Department of State.			the NUMBER OF ST			SHARES						
Changes require an additional filing.					000		СОММ			NO PAR VALUE		
onanges requ	one an additional fiffig.											
11. This repo	rt must be executed o	n beha	alf of the cor	rpora	ation by an a	uthoriz	ed repre	esentative. If the corpo	ration i	s in the han	ids of a re-	
ceiver or trus	<u>itee, this report must b</u>	e exec	cuted on bel	half	of the corpora	ation b	ov the re	ceiver or trustee				
statements,	ty of perjury, I decla and that all stateme	re ano nts co:	aπirm that ntained he	t i ni rein	ave examine are true and	a tnis 1 corr	report, ect.	including any accom	panyii	ng schedul	es and	
Name of Authorized Representative										Date		
ANGELO MORETTI									February 3, 2025			
Signature of	Authorized Represent	ative	1		2				<u> </u>			
	/ July	//.	not	U	,					•		

MAIL TO:

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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