

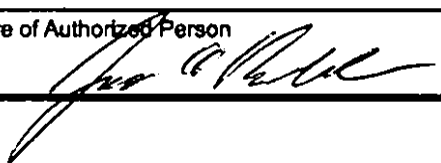


State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2024  
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.

|                                                                                                                                                                                                         |  |                                                                                                             |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------|---------------------------|
| 1. Entity ID Number<br><b>001722958</b>                                                                                                                                                                 |  | 2. Exact name of the Limited Liability Company<br><b>Tow Truck Charters LLC</b>                             |                           |
| 3. NAICS Code<br><b>532411</b>                                                                                                                                                                          |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Boat Charter Business</b> |                           |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                      |  |                                                                                                             |                           |
| 6. Principal Office Address<br><b>91 Point Judith Rd. Suite 26 Unit 302</b>                                                                                                                             |  | City<br><b>Narragansett</b>                                                                                 | State<br><b>RI</b>        |
| Zip<br><b>02882</b>                                                                                                                                                                                     |  |                                                                                                             |                           |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                     |  |                                                                                                             |                           |
| Contact Name<br><b>Joshua H Ruhle</b>                                                                                                                                                                   |  | Contact Title<br><b>Owner</b>                                                                               |                           |
| Street Address<br><b>75 Woody Hill Rd.</b>                                                                                                                                                              |  | City<br><b>Exeter</b>                                                                                       | State<br><b>RI</b>        |
| Zip<br><b>02822</b>                                                                                                                                                                                     |  |                                                                                                             |                           |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                     |  |                                                                                                             |                           |
| 9. 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 Person<br><b>Joshua H Ruhle</b>                                                                                                                                                      |  |                                                                                                             | Date<br><b>03/14/2025</b> |
| Signature of Authorized Person<br>                                                                                   |  |                                                                                                             |                           |

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

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BY EWSA JUS  
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