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State of Rhode Island
Department of State - Business Services Division

FILED
AUG 08 2025
BY

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31

2025 AUG -8 A 10:10

1. Entity ID Number	2. Exact name of the Corporation			
000106422	MARIO'S TOWING, INC.			
3. Principal Office Address		City	State	Zip
19 LIVINGSTONE STREET		PROVIDENCE	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
488410	AUTO REPAIR MAINTENANCE, STORAGE AND RELATED SERVICES.			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: LOUIS MARTONE			Vice-President Name: LOUIS MARTONE		
Street Address: 212 TWIN RIVER ROAD			Street Address: 212 TWIN RIVER ROAD		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865
Secretary Name: LOUIS MARTONE			Treasurer Name: LOUIS MARTONE		
Street Address: 212 TWIN RIVER ROAD			Street Address: 212 TWIN RIVER ROAD		
City: LINCOLN	State: RI	Zip: 02865	City: LINCOLN	State: RI	Zip: 02865

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

Director Name: Louis Martone			Director Name:		
Street Address: 212 Twin River Rd.			Street Address:		
City: Lincoln	State: RI	Zip: 02865	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
200	COMMON	NO PAR VALUE

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
LOUIS MARTONE, PRESIDENT	7-2-25

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 2/2023