



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000518785</b>		2. Exact name of the Corporation <b>Klutch Transport INC</b>				
3. Principal office address <b>466 Valley Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
4. Business Phone No. <b>(401) 261-3707</b>			5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Motor Vehicle Towing</b>						
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
President Name <b>Martha Najera</b>			Vice-President Name <b>Luis Natareno</b>			
Street Address <b>100 Elena Street, #803</b>			Street Address <b>1 Henry Court</b>			
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name <b>None</b>			Treasurer Name <b>None</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>						
Director Name <b>None</b>			Director Name <b>None</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name <b>None</b>			Director Name <b>None</b>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
				1,000	Common	\$0.01

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.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
**MAR 30 2015**

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.

*[Signature]*  
 Signature of Authorized Representative  
**Martha Najera**  
 Print or Type Name of Authorized Representative

*[Date]*  
 Date