



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|--|--------------------|--|---|----------------------------|----------------------------------|
| 1. Corporate ID No. 107999 | | 2. Name of Corporation A DISTINCTIVE LIMOUSINE, LTD. | | | |
| 3. Street Address Principal Business Office 1989 Plainfield Street | | City Johnston | | State RI | Zip 02919 |
| 4. Business Phone No. 946 4989 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island LIMOUSINE FOR HIRE SERVICES. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Anthony J. Damiani | | | Vice President Name None. | | |
| Street Address 73 Francis Avenue | | | Street Address | | |
| City Pawtucket | State RI | Zip 02860 | City | State | Zip |
| Secretary Name Anthony J. Damiani | | | Treasurer Name Anthony J. Damiani | | |
| Street Address 73 Francis Avenue | | | Street Address 73 Francis Avenue | | |
| City Pawtucket | State RI | Zip 02860 | City Pawtucket | State RI | Zip 02860 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None. | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares 1,000 NO PAR VALUE | Class/Series | Par Value | Number of Shares 100 | Class/Series N/A | Par Value No Par Value |
| | | | THIS SECTION MUST BE COMPLETED | | |

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 **FILED**
Check No. **JUN 19 2008**
By **2263**
FOR SECRETARY OF STATE USE ONLY

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 **Anthony J. Damiani** Date **6/17/08**
Print or Type Name
President
Title