



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 138243		2. Name of Corporation E. PROVIDENCE TRANSFER INC.		
3. Street Address Principal Business Office 867 PLAINFIELD LT.		City PROV	State RI	Zip 02909
4. Business Phone No. (401) 946-0660		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island LIVERY SERVICE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ELISSA PILOSA		Vice President Name JOSEPH PILOSA		
Street Address 867 PLAINFIELD LT.		Street Address 867 PLAINFIELD LT.		
City PROV	State RI	Zip 02909	City PROV	State RI
Secretary Name ELISSA PILOSA		Treasurer Name ELISSA PILOSA		
Street Address 867 PLAINFIELD LT.		Street Address 867 PLAINFIELD LT.		
City PROV	State RI	Zip 02909	City PROV	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 1000 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 100	Class/Series	Par Value 0

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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. **MAR 02 2009**
By: **1814**
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 **JOSEPH PILOSA** Date **MAR. 2, 2009**
Print or Type Name
V. PRES
Title