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 2010

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) shall be subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
96071	Bay Taxi, Inc.

3. Street Address Principal Business Office	City	State	Zip
2339 West Shore Road	Warwick	Rhode Island	02889

4. Business Phone No.	5. State of Incorporation
401-461-0780	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To operate a passenger vehicles as a taxi service.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Robert A. Romano	70 Moccasin Drive	Warwick	Rhode Island	02889

Vice President Name	Street Address	City	State	Zip
Robert A. Romano	70 Moccasin Drive	Warwick	Rhode Island	02889

Secretary Name	Street Address	City	State	Zip
Robert A. Romano	70 Moccasin Drive	Warwick	Rhode Island	02889

Treasurer Name	Street Address	City	State	Zip
Robert A. Romano	70 Moccasin Drive	Warwick	Rhode Island	02889

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Robert A. Romano	70 Moccasin Drive	Warwick	Rhode Island	02889

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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CORPORATIONS DIV
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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.

[redacted]

[redacted]

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.

Robert A Romano 1-4-10
Signature *Date*

Robert A. Romano
Print or Type Name

President
Title

File Date FILED
JAN 07 2010
Check No.
By: By 2107704
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 08/08