RALPH MOIL	State of Rhode Is Office o	sland and Pro of the Secreta		tions Fee: \$50.00
georetary of State		sion Of Business 148 W. River St widence RI 0290 (401) 222-304	reet 04-2615	
Limited Liability C Annual Report Filing Period: Septembe				
file its annual report with	G.L. 7-16-66(d), each lim hin thirty (30) days after i t to a penalty fee of \$25.	the time prescribe		ng to
ANNUAL REPORT YE	AR: <u>2011</u>			
1. ID No. <u>000541</u>	683			
2. Exact Name of the	e Limited Liability Con	npany <u>Excellent ′</u>	Faxi LLC	
3. State of Formation	n			
State: <u>RI</u>				
4. Brief Description o	of the Character of the	Business Which	is Actually Conduc	cted in Rhode Island
Transportation of pass	senger for hire			
5. Principal Office Ad	dress			
No. and Street:	<u>776 BROAD ST.</u>			
City or Town:	PROVIDENCE	State: <u>RI</u>	Zip: <u>02907</u>	Country: <u>USA</u>
6. Mailing Address of	f Limited Liability Com	pany and Name	or Title of Contact	Person:
Contact Name: RAUL	_ REYNOSO Contact Tit			
No. and Street:	<u>776 BROAD ST.</u>	IE: PRESIDENT		
		State: <u>RI</u>	Zip: <u>02907</u>	Country: <u>USA</u>
No. and Street: City or Town:	776 BROAD ST. PROVIDENCE s of Each Manager of t	State: <u>RI</u>		
No. and Street: City or Town: 7. Name and Address	776 BROAD ST. PROVIDENCE s of Each Manager of t	State: <u>RI</u> the Limited Liab	lity Company, if A	
No. and Street: City or Town: 7. Name and Address DO NOT LIST MEM	776 BROAD ST. PROVIDENCE s of Each Manager of t	State: <u>RI</u> the Limited Liab	lity Company, if A	pplicable.
No. and Street: City or Town: 7. Name and Address DO NOT LIST MEM Title 8. RESIDENT AGENT	776 BROAD ST. PROVIDENCE s of Each Manager of t BERS	State: <u>RI</u> the Limited Liab I Name .ast, Suffix D NOT ALTER	lity Company, if A	pplicable. ddress
No. and Street: City or Town: 7. Name and Address DO NOT LIST MEM Title 8. RESIDENT AGENT Changes Require F	776 BROAD ST. PROVIDENCE s of Each Manager of t BERS Individual First, Middle, L IN RHODE ISLAND - DO	State: <u>RI</u> the Limited Liab I Name ast, Suffix O NOT ALTER G.L. 7-16-11	lity Company, if A	pplicable. ddress

Signed this 28 Day of September, 2011 at 12:20:01 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RAUL REYNOSO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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