



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 2012

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. 160724		2. Name of Corporation NORWOOD TRANSPORTATION INC.			
3. Street Address Principal Business Office 93 BROAD ST.			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-255-4977		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TAXI CAB COMPANY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KRISTINE A. GOLISH			Vice President Name ALAN LEO		
Street Address 93 BROAD ST.			Street Address 93 BROAD ST.		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Secretary Name KRISTINE A. GOLISH			Treasurer Name KRISTINE A. GOLISH		
Street Address 93 BROAD ST.			Street Address 93 BROAD ST.		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KRISTINE A. GOLISH			Director Name		
Street Address 93 BROAD ST.			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 100		Class/Series Common		Par Value \$ 1.00	

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.

FILED

File Date JAN 12 2012
Check No. 1983
By: _____
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.

Kristine A. Golish 1-10-12
Signature Date
KRISTINE A. GOLISH
Print or Type Name
PRESIDENT
Title