



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. 107337		2. Name of Corporation L. C. Taxi, Inc.	
3. Street Address Principal Business Office 71 Derry Street		City Providence	State Rhode Island
4. Business Phone No. 401-944-2000		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the taxi cab business			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Michael Cavallaro		Vice President Name Anthony Leiter	
Street Address 175 Pine Street		Street Address 35 North Spruce Street	
City Seekonk	State MA	City East Providence	State Rhode Island
Secretary Name Anthony Leiter		Treasurer Name Michael Cavallaro	
Street Address 35 North Spruce Street		Street Address 175 Pipne Street	
City East Providence	State Rhode Island	City Seekonk	State MA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		9. SHARES AUTHORIZED	
Director Name Michael Cavallaro		Director Name Anthony Leiter	
Street Address 175 Pine Street		Street Address 35 North Spruce Street	
City Seekonk	State MA	City East Providence	State Rhode Island
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
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 No Par

2011 JAN 13 AM 9:56  
 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

914  
 RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

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 13 2012

Check No. 160581

By: [Signature]

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] 1/13/12  
 Signature Date  
 Michael Cavallaro  
 Print or Type Name  
 President  
 Title