



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. 159319		2. Name of Corporation L. C. Transportation, Inc.			
3. Street Address Principal Business Office 71 Derry Street			City Providence	State Rhode Island	Zip 02908
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in 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	Zip 02771	City East Providence	State RI	Zip 02914
Secretary Name Anthony Leiter			Treasurer Name Michael Cavallaro		
Street Address 35 North Spruce Street		Street Address 175 Pine Street			
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Cavallaro			Director Name Anthony Leiter		
Street Address 175 Pine Street		Street Address 35 North Spruce Street			
City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip 02914
Director Name			Director Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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.			ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par

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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.

**FILED**

File Date: JAN 13 2012

Check No. 1100582

By: [Signature]

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.

[Signature] 1/6/12  
 Signature Date  
 Michael Cavallaro  
 Print or Type Name  
 President  
 Title