



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 02904-261  
401.222.304

**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. 740610	2. Name of Corporation MDTA Transportation, Inc.
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3. Street Address Principal Business Office 17 Greenwood Street	City Cranston	State Rhode Island	Zip 02910
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4. Business Phone No. Taxi business	5. State of Incorporation Rhode Island
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5. Brief Description of the Character of Business Conducted in Rhode Island  
Psychology

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

President Name Michael P. Duffy	Vice President Name Anthony C. Andrade
Street Address 17 Greenwood Street	Street Address 17 Greenwood Street
City Cranston	City Cranston
State Rhode Island	State Rhode Island
Zip 02910	Zip 02910

Secretary Name Anthony C. Andrade	Treasurer Name Michael P. Duffy
Street Address 17 Greenwood Street	Street Address 17 Greenwood Street
City Cranston	City Cranston
State Rhode Island	State Rhode Island
Zip 02910	Zip 02910

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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.

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

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value

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**

JAN 24 2012

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.

Michael P. Duffy  
Signature Date 1-24-12

Michael P. Duffy  
Print or Type Name

President  
Title

File Date  
Check No.  
By:  
FOR SECRETARY OF STATE USE ONLY