



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 546586		2. Exact name of the Corporation BARAHONA EXPRESS, INC.			
3. Principal office address 485 1/2 CRANSTON STREET			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. (401)831-5409		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island PASSENGER TRANSPORTATION SERVICES					
LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name RAFAEL J FELIZ			Vice-President Name RAFAEL J FELIZ		
Street Address 485 1/2 CRANSTON ST 3RD. FLR.			Street Address 485 1/2 CRANSTON ST 3RD. FLR.		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT		
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	NONE

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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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.

File Date
 01/31/12
 FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 27 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.

Rafael J. Feliz 2-27-2012
 Signature of Authorized Representative Date

RAFAEL J FELIZ
 Print or Type Name of Authorized Representative

BY *164490*