



**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** 2013

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. <u>160724</u>		2. Exact name of the Corporation <u>NORWOOD TRANSPORTATION INC. DBA BEST TAXI</u>		
3. Principal office address <u>93 BROAD STREET</u>		City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>
4. Business Phone No. <u>401-255-4977</u>		5. State of Incorporation <u>RHODE ISLAND</u>		
6. Brief description of the character of business conducted in Rhode Island <u>TAXI CAB COMPANY</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>KRISTINE A. GOLISH</u>		Vice-President Name <u>ALAN D. LEO</u>		
Street Address <u>93 BROAD ST.</u>		Street Address <u>93 BROAD ST.</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>WARWICK</u>	State <u>RI</u>
Secretary Name <u>KRISTINE A. GOLISH</u>		Treasurer Name <u>KRISTINE A. GOLISH</u>		
Street Address <u>93 BROAD ST.</u>		Street Address <u>93 BROAD ST.</u>		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City <u>WARWICK</u>	State <u>RI</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>KRISTINE A. GOLISH</u>		Director Name		
Street Address <u>93 BROAD ST.</u>		Street Address		
City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02888</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.				

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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**FILED**

JAN 18 2013

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 4/16/13  
 Signature of Authorized Representative Date

KRISTINE A. GOLISH  
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
 Revised: 01/2012

By MMK  
CR# 2433