



**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.

**FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.**

1. Entity ID No. <u>124935</u>		2. Exact name of the Corporation <u>Big Daddy Taxi Service, Inc.</u>		
3. Principal office address <u>22 Anthony Ave</u>		City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>
4. Business Phone No. <u>401-578-0199 or 401-274-1101</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>We provide a car service to 3rd party, non-emergency medical transportation.</u>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
President Name <u>Paul Desrosiers</u>		Vice-President Name <u>none</u>		
Street Address <u>22 Anthony Ave</u>		Street Address		
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City	State
Secretary Name <u>none</u>		Treasurer Name <u>none</u>		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
Director Name <u>none</u>		Director Name <u>none</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>none</u>		Director Name <u>none</u>		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>				
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
		<u>none</u>		

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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

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.

FILED

JAN 23 2013

BY 1816

Paul Desrosiers 1-21-13  
 Signature of Authorized Representative Date  
Paul Desrosiers  
 Print or Type Name of Authorized Representative