



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>
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>			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
President Name <u>Paul Desrosiers</u>		Vice-President Name <u>none</u>	
Street Address <u>22 Anthony Ave</u>		Street Address <u>none</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>02860</u>	Zip <u>02860</u>
Secretary Name <u>none</u>		Treasurer Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>none</u>	State <u>none</u>	City <u>none</u>	Zip <u>none</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)			
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>none</u>	State <u>none</u>	City <u>none</u>	Zip <u>none</u>
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>none</u>	State <u>none</u>	City <u>none</u>	Zip <u>none</u>
9. 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 <u>none</u>	CLASS/SERIES <u>none</u>
		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

FILED

JAN 23 2013

BY 1816

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 of Authorized Representative

Date

Paul Desrosiers
Print or Type Name of Authorized Representative