



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 2, 013**

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>99544</u>		2. Exact name of the Corporation <u>Shoecaster Cab, Inc.</u>		
3. Principal office address <u>44 Bennett, Av.</u>		City <u>Proanston</u>	State <u>R.I.</u>	Zip <u>02920</u>
4. Business Phone No. <u>401-499-2596</u>		5. State of Incorporation <u>R.I.</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Taxi service.</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Mario R. Montenegro.</u>		Vice-President Name <u>Vilma Montenegro</u>		
Street Address <u>44 Bennett, Av.</u>		Street Address <u>44 Bennett, Av.</u>		
City <u>Proanston</u>	State <u>R.I.</u>	Zip <u>02920</u>	City <u>Proanston</u>	State <u>R.I.</u>
Secretary Name /		Treasurer Name /		
Street Address /		Street Address /		
City /	State /	Zip /	City /	State /
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name /		Director Name /		
Street Address /		Street Address /		
City /	State /	Zip /	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<u>0</u>		<u>0</u>

SECRETARIAT OF STATE  
 CORPORATIONS DIV  
 2013 FEB - 5 PM 4:25

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

**FILED**  
**FEB 05 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.

Mario R. Montenegro - 2/5/13  
 Signature of Authorized Representative Date

Mario R. Montenegro  
 Print or Type Name of Authorized Representative

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