



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 2014

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. 107337		2. Exact name of the Corporation L. C. Taxi, Inc.		
3. Principal office address 71 Derry Street		City Providence	State RI	Zip 02908
4. Business Phone No. 401-944-2000		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in the taxi cab business				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Cavallaro		Vice-President Name Anthony Leiter		
Street Address 175 Pine Street		Street Address 35 North Spruce Street		
City Seekonk	State MA	Zip 02771	City East Providence	State RI
Secretary Name Anthony Leiter		Treasurer Name Michael Cavallaro		
Street Address 35 North Spruce Street		Street Address 175 Pine Street		
City East Providence	State RI	Zip 02914	City Seekonk	State MA
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		9. SHARES AUTHORIZED		
Director Name Michael Cavallaro		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Street Address 175 Pine Street		NUMBER OF SHARES		
City Seekonk		CLASS/SERIES		
State MA	Zip 02771	PAR VALUE		
Director Name		100		
Street Address		Common		
City		No Par		
State	Zip			
City				
State				
Zip				

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 CORPORATIONS DIV

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
 JUL 21 2014

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.

M. Cavallaro
 Signature of Authorized Representative
 Date **7/15/14**

FOR SECRETARY OF STATE USE ONLY
 BY *M 228848*

Michael Cavallaro
 Print or Type Name of Authorized Representative