



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 2016

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. 97341		2. Exact name of the Corporation ROM Transportation, Inc.		
3. Principal office address 70 Moccasin Drive		City Warwick	State RI	Zip 02889
4. Business Phone No. 401-461-0780		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To engage in a taxi cab business				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Robert A. Romano		Vice-President Name Robert D. Romano		
Street Address 70 Moccasin Drive		Street Address 70 Moccasin Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI
Secretary Name Robert A. Romano		Treasurer Name Robert D. Romano		
Street Address 70 Moccasin Drive		Street Address 70 Moccasin Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Robert A. Romano		Director Name Robert D. Romano		
Street Address 70 Moccasin Drive		Street Address 70 Moccasin Drive		
City Warwick	State RI	Zip 02889	City Warwick	State RI
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
		200	Common	No Par

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 7963

By: _____

FILED

JAN 11 2016

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 [Signature] Date 1-6-16

Robert A. Romano

BY CA 264967 Print or Type Name of Authorized Representative