



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. 96071		2. Exact name of the Corporation BAY TAXI, 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 operate passenger vehicles as a taxi service								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Robert A. Romano			Vice-President Name Robert A. Romano					
Street Address 70 Moccasin Drive			Street Address 70 Moccasin Drive					
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889			
Secretary Name Robert A. Romano			Treasurer Name Robert A. Romano					
Street Address 70 Moccasin Drive			Street Address 70 Moccasin Drive					
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Robert A. Romano			Director Name					
Street Address 70 Moccasin Drive			Street Address					
City Warwick	State RI	Zip 02889	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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
						100	Common	No Par

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. 14295

By: _____

FOR SECRETARY OF STATE USE ONLY BY 204967

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

Date

Robert A. Romano

Print or Type Name of Authorized Representative