



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. 8970		2. Exact name of the Corporation P & P INC.			
3. Principal office address 108 VAN ZANDT AVENUE		City NEWPORT	State RI	Zip 02840	
4. Business Phone No. 401-662-6020		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TAXICAB AND OTHER MOTOR VEHICLE SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name ANTHONY COTSORIDIS			Vice-President Name NONE		
Street Address 108 VAN ZANDT AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name ANTHONY COTSORIDIS			Treasurer Name ANTHONY COTSORIDIS		
Street Address 108 VAN ZANDT AVENUE			Street Address 108 VAN ZANDT AVENUE		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name ANTHONY COTSORIDIS			Director Name NONE		
Street Address 108 VAN ZANDT AVENUE			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Director Name NONE			Director Name NONE		
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 _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 16 2016

Form No. 630
Revised: 01/2012

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.

Anthony Cotsoridis
Signature of Authorized Representative

2/14/16
Date

ANTHONY COTSORIDIS

Print or Type Name of Authorized Representative

By AR 267755