



State of Rhode Island and Providence Plantations

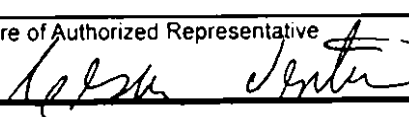
## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

| 1. Entity ID Number<br><b>159094</b>  |                    | 2. Exact name of the Corporation<br><b>METRO TAXI, INC.</b>   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
|---|--------------------|---|---|-------------------------|---------------------|------------------|--------------|-----------|----------|--|----------|--|--|--|
| 3. Principal Office Address<br><b>485 CRANSTON STREET</b>   |                    |   | City<br><b>PROVIDENCE</b>   | State<br><b>RI</b>      | Zip<br><b>02907</b> |                  |              |           |          |  |          |  |  |  |
| 4. NAICS Code<br><b>485310</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>TAXI BUSINESS</b> |   |                         |                     |                  |              |           |          |  |          |  |  |  |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
| President Name<br><b>EVELIN GONZALEZ</b>  |                    |   | Vice-President Name<br><b>CESAR VENTURA</b>   |                         |                     |                  |              |           |          |  |          |  |  |  |
| Street Address<br><b>485 CRANSTON ST.</b>   |                    |   | Street Address<br><b>113 PUTNAM AVE.</b>  |                         |                     |                  |              |           |          |  |          |  |  |  |
| City<br><b>PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02907</b>   | City<br><b>JOHNSTON</b>   | State<br><b>RI</b>      | Zip<br><b>02919</b> |                  |              |           |          |  |          |  |  |  |
| Secretary Name  |                    |   | Treasurer Name  |                         |                     |                  |              |           |          |  |          |  |  |  |
| Street Address  |                    |   | Street Address  |                         |                     |                  |              |           |          |  |          |  |  |  |
| City  | State              | Zip   | City  | State                   | Zip                 |                  |              |           |          |  |          |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
| Director Name   |                    |   | Director Name   |                         |                     |                  |              |           |          |  |          |  |  |  |
| Street Address  |                    |   | Street Address  |                         |                     |                  |              |           |          |  |          |  |  |  |
| City  | State              | Zip   | City  | State                   | Zip                 |                  |              |           |          |  |          |  |  |  |
| Director Name   |                    |   | Director Name   |                         |                     |                  |              |           |          |  |          |  |  |  |
| Street Address  |                    |   | Street Address  |                         |                     |                  |              |           |          |  |          |  |  |  |
| City  | State              | Zip   | City  | State                   | Zip                 |                  |              |           |          |  |          |  |  |  |
| 9. Shares Authorized  |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                         |                     |                  |              |           |          |  |          |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |   | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1</b></td> <td></td> <td><b>0</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                         |                     | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | <b>1</b> |  | <b>0</b> |  |  |  |
|   |                    |   | NUMBER OF SHARES  | CLASS/SERIES            | PAR VALUE           |                  |              |           |          |  |          |  |  |  |
| <b>1</b>  |                    | <b>0</b>  |   |                         |                     |                  |              |           |          |  |          |  |  |  |
|   |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
|   |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
| 11. 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. |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
| 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.  |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |
| Name of Authorized Representative<br><b>EVELIN GONZALEZ</b>   |                    |   |   | Date<br><b>01/24/18</b> |                     |                  |              |           |          |  |          |  |  |  |
| Signature of Authorized Representative   |                    |   |   |                         |                     |                  |              |           |          |  |          |  |  |  |

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