



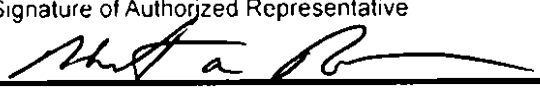
RI SOS Filing Number: 201859044490 Date: 2/23/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

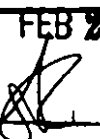
RECEIVED
STATE
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 23 AM 8:18Annual Report for the year: **2018**
Corporation

- 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 96071		2. Exact name of the Corporation BAY TAXI, INC.			
3. Principal Office Address 70 Moccasin Drive		City Warwick		State RI	Zip 02889
4. NAICS Code 485310	5. Brief description of the character of business conducted in Rhode Island To operate passenger vehicles as a taxi service				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	No Par
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 Robert A. Romano					Date 1-12-18
Signature of Authorized Representative 					

FILED
SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 23 2018
BY  16439

FORM 630 - Revised: 10/2017