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

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CORPORATIONS DIV
2018 FEB 23 AM 8:18

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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	2. Exact name of the Corporation
96071	BAY TAXI, INC.

3. Principal Office Address	City	State	Zip
70 Moccasin Drive	Warwick	RI	02889

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
485310	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
Robert A. Romano	1-12-18

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

FILED
FEB 23 2018
BY 16439

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

FORM 630 - Revised: 10/2017