



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 2014

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. 000129172		2. Exact name of the Corporation Boston Coach Corp.			
3. Principal office address 245 Summer Street			City Boston	State MA	Zip 02210
4. Business Phone No. 617-563-7000			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Livery and transportation services. 481111					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Jay Freedman (Senior Vice President)			Vice-President Name John C. Harding		
Street Address 245 Summer Street			Street Address 245 Summer Street		
City Boston	State MA	Zip 02210	City Boston	State MA	Zip 02210
Secretary Name Brian C. McLain			Treasurer Name Steven F. Schiffman (Assistant Treasurer)		
Street Address 245 Summer Street			Street Address 245 Summer Street		
City Boston	State MA	Zip 02210	City Boston	State MA	Zip 02210
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name John J. Remondi			Director Name		
Street Address 245 Summer Street			Street Address		
City Boston	State MA	Zip 02210	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) ☐					
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
			250,000	Common	1

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

Form No. 630
Revised: 01/2012

FILED

JUL 26 2018

BY Ch 335692

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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

07/23/2018

Date

Jay Freedman

Print or Type Name of Authorized Representative