



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

**FILED**

FEB 11 2019

BY

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Annual Report for the year: **2019**

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>788245</b>  |                    | 2. Exact name of the Corporation<br><b>J &amp; E TAXI SERVICES, 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 SERVICES</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>YOMARY SANTOS VARGAS</b>  |                         |                     |
| Street Address<br><b>226 MESSER ST.</b>   |                    |   | Street Address<br><b>61 WALLACE ST. 2ND FL</b>  |                         |                     |
| City<br><b>PROVIDENCE</b>   | State<br><b>RI</b> | Zip<br><b>02907</b>   | City<br><b>PROVIDENCE</b>   | State<br><b>RI</b>      | Zip<br><b>02909</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.   |                    |   | NUMBER OF SHARES CLASS/SERIES PAR VALUE   |                         |                     |
| Changes require an additional filing.   |                    |   | 100   |                         |                     |
| 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>02/04/19</b> |                     |
| Signature of Authorized Representative<br><i>Evelin Gonzalez</i>  |                    |   |   |                         |                     |