



RI SOS Filing Number: 201986484910 Date: 2/11/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

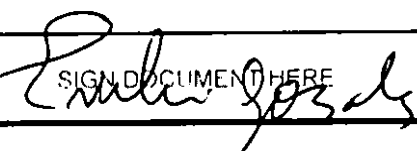
Department of State - Business Services Division

**FILED** .MP

FEB 11 2019

BY 1213 Joon**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 <b>000159094</b>		2. Exact name of the Corporation <b>METRO TAXI, INC.</b>			
3. Principal Office Address <b>485 CRANSTON STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02907</b>
4. NAICS Code <b>485310</b>		6. Brief description of the character of business conducted in Rhode Island <b>TAXI SERVICES</b>			
5. State of Incorporation <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 <b>EVELIN GONZALEZ</b>			Vice-President Name <b>YOMARY SANTOS VARGAS</b>		
Street Address <b>226 MESSER ST.</b>			Street Address <b>61 WALLACE ST. 2ND FL</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <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 <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>0-</b>	PAR VALUE <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. <b>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.</b>					
Name of Authorized Representative <b>EVELIN GONZALEZ</b>				Date <b>02/04/19</b>	
Signature of Authorized Representative 					

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