



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107337	2. Name of Corporation L.C. Taxi, Inc.
-------------------------------	---

3. Street Address Principal Business Office 35 NORTH SPRUCE STREET	City EAST PROVIDENCE	State RI	Zip 02914-
---	-------------------------	-------------	---------------

4. Business Phone No. 4019442000	5. State of Incorporation RHODE ISLAND	6. SIC Code 6114
-------------------------------------	---	---------------------

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE TAXI CAB BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Cavallaro			Vice President Name Anthony Leiter		
Street Address 175 Pine Street			Street Address 35 North Spruce Street		
City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip 02914
Secretary Name Anthony Leiter			Treasurer Name Michael Cavallaro		
Street Address 35 North Spruce Street			Street Address 175 Pine Street		
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael Cavallaro			Director Name Anthony Leiter		
Street Address 175 Pine Street			Street Address 35 North Spruce Street		
City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip 02914
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 7 3 3 7

107337 DBC 01/05/05 04:14:45 PM

File Date 2/3/05

Check No. 4398

By: us

FOR SECRETARY OF STATE USE ONLY

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 Officer _____ Date 1-27-05

Anthony Leiter

Print or Type Name of Officer

Vice-President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107337	2. Name of Corporation L.C. Taxi, Inc.
-------------------------------	---

3. Street Address Principal Business Office 35 NORTH SPRUCE STREET	City EAST PROVIDENCE	State RI	Zip 02914-
---	-------------------------	-------------	---------------

4. Business Phone No. 4019442000	5. State of Incorporation RHODE ISLAND	6. SIC Code 6114
-------------------------------------	---	---------------------

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE TAXI CAB BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Cavallaro	Vice President Name Anthony Leiter
-------------------------------------	---------------------------------------

Street Address 175 Pine Street	Street Address 35 North Spruce Street
-----------------------------------	--

City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip 02914
-----------------	-------------	--------------	-------------------------	-------------	--------------

Secretary Name Anthony Leiter	Treasurer Name Michael Cavallaro
----------------------------------	-------------------------------------

Street Address 35 North Spruce Street	Street Address 175 Pine Street
--	-----------------------------------

City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771
-------------------------	-------------	--------------	-----------------	-------------	--------------

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael Cavallaro	Director Name Anthony Leiter
------------------------------------	---------------------------------

Street Address 175 Pine Street	Street Address 35 North Spruce Street
-----------------------------------	--

City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip 02914
-----------------	-------------	--------------	-------------------------	-------------	--------------

Director Name	Director Name
---------------	---------------

Street Address	Street Address
----------------	----------------

City	State	Zip	City	State	Zip
------	-------	-----	------	-------	-----

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 7 3 3 7

107337 DBC 01/07/04 04:42:55 PM

File Date 3/15/04

Check No. 3488

By: KML

FOR SECRETARY OF STATE USE ONLY

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.

Anthony Leiter 2-27-04

Signature of Officer Date

Anthony Leiter

Print or Type Name of Officer

Vice-President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401.222.3041

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *107337*		2. Name of Corporation L.C. Taxi, Inc.	
3. Street Address Principal Business Office 35 NORTH SPRUCE STREET		City EAST PROVIDENCE	State RI
4. Business Phone No. 4019442000		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 6114	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE TAXI CAB BUSINESS.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Cavallaro		Vice President Name Anthony Leiter			
Street Address 175 Pine Street		Street Address 35 North Spruce Street			
City Seekonk	State MA	Zip 02771	City E. Providence	State RI	Zip 02914
Secretary Name Anthony Leiter		Treasurer Name Michael Cavallaro			
Street Address 35 North Spruce Street		Street Address 175 Pine Street			
City E. Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Cavallaro		Director Name Anthony Leiter			
Street Address 175 Pine Street		Street Address 35 North Spruce Street			
City Seekonk	State MA	Zip 02771	City E. Providence	State RI	Zip 02914
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	NO PAR VALUE		100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



* 1 0 7 3 3 7 *

107337 DBC1/15/033:18:54 PM

File Date 2-6-03

Check No 2454

By: Kmc

FOR SECRETARY OF STATE USE ONLY

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.

Anthony D. Leiter Jr.
Signature of Officer

1-28-03
Date

Anthony D. Leiter Jr.
Print or Type Name of Officer

V-President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107337 2. Name of Corporation L.C. Taxi, Inc.
3. Street Address Principal Business Office 35 North Spruce Street City East Providence State RI Zip 02915
4. Business Phone No. _____ 5. State of Incorporation Rhode Island 6. SIC Code 6114

7. Brief Description of the Character of Business Conducted in Rhode Island

Taxi Cab Business

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) *FILL IN SPACES BEFORE USING ATTACHMENTS*

<p>President Name <u>Michael Cavallaro</u> Street Address <u>175 Pine Street</u> City <u>Seekonk</u> State <u>MA</u> Zip <u>02771</u></p>	<p>Vice President Name <u>Anthony Leiter</u> Street Address <u>35 North Spruce Street</u> City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u></p>
<p>Secretary Name <u>Anthony Leiter</u> Street Address <u>35 North Spruce Street</u> City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u></p>	<p>Treasurer Name <u>Michael Cavallaro</u> Street Address <u>175 Pine Street</u> City <u>Seekonk</u> State <u>MA</u> Zip <u>02771</u></p>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) *FILL IN SPACES BEFORE USING ATTACHMENTS*

<p>Director Name <u>Michael Cavallaro</u> Street Address <u>175 Pine Street</u> City <u>Seekonk</u> State <u>MA</u> Zip <u>02771</u></p>	<p>Director Name <u>Anthony Leiter</u> Street Address <u>35 North Spruce Street</u> City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u></p>
--	--

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
600 SHS	common	no par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: FEB 14 2002

Check No.: By [Signature]

By: [Signature]

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.

Michael Cavallaro 1/22/02
Signature of Officer Date

Michael Cavallaro
Print or Type Name of Officer
President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
401-277-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107337 2. Name of Corporation L.C. Taxi, Inc.
3. Street Address Principal/Business Office
35 North Spruce Street City East Providence State RI Zip 02914
4. Business Phone No. 5. State of Incorporation Rhode Island 6. SIC Code 6114
7. Brief Description of the Character of Business Conducted in Rhode Island
Taxi Cab Business

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Michael Cavallaro</u> Street Address <u>175 Pine Street</u> City <u>Seekonk</u> State <u>MA</u> Zip <u>02771</u>	Vice President Name <u>Anthony Leiter</u> Street Address <u>35 North Spruce Street</u> City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u>
Secretary Name <u>Anthony Leiter</u> Street Address <u>35 North Spruce Street</u> City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u>	Treasurer Name <u>Michael Cavallaro</u> Street Address <u>175 Pine Street</u> City <u>Seekonk</u> State <u>MA</u> Zip <u>02771</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Michael Cavallaro</u> Street Address <u>175 Pine Street</u> City <u>Seekonk</u> State <u>MA</u> Zip <u>02771</u>	Director Name <u>Anthony Leiter</u> Street Address <u>35 North Spruce Street</u> City <u>East Providence</u> State <u>RI</u> Zip <u>02914</u>
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<u>600 SHS</u> <u>common</u> <u>no par</u>	<u>100</u> <u>common</u> <u>no par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: FEB 28 2001
Check No.: 71298
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.
Michael Cavallaro 1/20/01
Signature of Officer Date
Michael Cavallaro
Print or Type Name of Officer
President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107337** 2. Name of Corporation **L.C. Taxi, Inc.**

3. Street Address Principal Business Office **35 North Spruce Street** City **EAST PROVIDENCE** State **RI** Zip **02914**

4. Business Phone No. **401-944-2000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8114**

7. Brief Description of the Character of Business Conducted in Rhode Island

Taxi CAB Service

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Michael Cavallaro Street Address 175 Pine Street City Seekonk State MA Zip 02771	Vice President Name Anthony Leiter Street Address 35 North Spruce Street City EAST PROVIDENCE State RI Zip 02914
--	---

Secretary Name Anthony Leiter Street Address 35 North Spruce Street City EAST PROVIDENCE State RI Zip 02914	Treasurer Name Michael Cavallaro Street Address 175 Pine Street City Seekonk State MA Zip 02771
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip	Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600	NO	PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/20
Check No.: 782
By: [Signature]

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] 2-20-01
Signature of Officer Date

Anthony Leiter
Print or Type Name of Officer

Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 107337		2. Name of Corporation L.C. Taxi, Inc.			
3. Street Address Principal Business Office 35 Spruce Street			City East Providence	State RI	Zip 02914
4. Business Phone No.		5. State of Incorporation Rhode Island			6. SIC Code 6114
7. Brief Description of the Character of Business Conducted in Rhode Island Taxi Cab Business					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Cavallaro			Vice President Name Anthony Leiter		
Street Address 175 Pine Street			Street Address 35 North Spruce Street		
City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip
Secretary Name Anthony Leiter			Treasurer Name Michael Cavallaro		
Street Address 35 North Spruce Street			Street Address 175 Pine Street		
City East Providence	State RI	Zip 	City Seekonk	State MA	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Cavallaro			Director Name Anthony Leiter		
Street Address 175 Pine Street			Street Address 35 North Spruce Street		
City Seekonk	State MA	Zip 02771	City East Providence	State RI	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS	common	no par	100	common	no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Michael P. Cavallaro 1-13-2000
Signature of Officer Date

Michael Cavallaro
Print or Type Name of Officer

President

File Date: **1-19-00**
Check No.: **118**
By: **SA**