



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. 104339	2. Name of Corporation S.P.A. Transport Inc.		
3. Street Address Principal Business Office 2291 WEST SHORE ROAD	City WARWICK	State RI	Zip 02889-
4. Business Phone No. 4018213338	5. State of Incorporation RHODE ISLAND	6. SIC Code 6114	

7. Brief Description of the Character of Business Conducted in Rhode Island  
TRANSPORTATION OF PASSENGERS AND BAGGAGE

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

President Name Robert D. Romano			Vice President Name Robert D. Romano		
Street Address 174 Pinegrove Avenue			Street Address 174 Pinegrove Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Robert D. Romano			Treasurer Name Robert D. Romano		
Street Address 174 Pinegrove Avenue			Street Address 174 Pinegrove Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889

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

Director Name Robert D. Romano			Director Name		
Street Address 174 Pinegrove Avenue			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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

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

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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



1 0 4 3 3 9

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.

Robert D. Romano 1-16-05  
Signature of Officer Date

Robert D. Romano

Print or Type Name of Officer

President

Title of Officer

\*104339 DBC 01/11/05 09:47:52 AM\*

File Date 1/19/05

Check No. 2749

By: W.

FOR SECRETARY OF STATE USE ONLY

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
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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. 104339		2. Name of Corporation S.P.A. Transport Inc.			
3. Street Address Principal Business Office 2291 WEST SHORE ROAD			City WARWICK	State RI	Zip 02889-
4. Business Phone No. 4018213338		5. State of Incorporation RHODE ISLAND			6. SIC Code 6114
7. Brief Description of the Character of Business Conducted in Rhode Island TRANSPORTATION OF PASSENGERS AND BAGGAGE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert D. Romano			Vice President Name Robert D. Romano		
Street Address 174 Pinegrove Avenue			Street Address 174 Pinegrove Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Robert D. Romano			Treasurer Name Robert D. Romano		
Street Address 174 Pinegrove Avenue			Street Address 174 Pinegrove Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert D. Romano			Director Name		
Street Address 174 Pinegrove Avenue			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
600 NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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



1 0 4 3 3 9

\*104339 DB 01/07/04 12:25:07 PM\*

FILED

File Date  
JAN 22 2004

Check No.

By MLJ313

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.

Robert D. Romano 1-12-04  
Signature of Officer Date  
Robert D. Romano  
Print or Type Name of Officer  
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 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

104339

S.P.A. Transport Inc.

3. Street Address Principal Business Office

2291 West Shore Rd

City

Warwick

State

RI

Zip

02889

4. Business Phone No.

401-821-3338

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6114

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

Transportation of Passengers and Baggage

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

President Name

Robert D. Romano

Vice President Name

Robert A. Romano

Street Address

70 Moccasin Dr

Street Address

70 Moccasin Dr

City

State

Zip

Warwick

RI

02889

City

State

Zip

Warwick

RI

02889

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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

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

300 shares (Pres) No Par  
300 shares (VP) No Par

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



\* 1 0 4 3 3 9 \*

File Date: 2/14/03

Check No.: 2036

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.

[Signature] 1-17-03  
Signature of Officer Date

Robert D. Romano 1-17-03  
Print or Type Name of Officer

President  
Title of Officer





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Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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. 104339 2. Name of Corporation S.P.A. Transport Inc.  
3. Street Address Principal Business Office 174 Pinegrove Avenue City Warwick State RI Zip 02886  
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**

President Name			Vice President Name		
<u>Robert D. Romano</u>			<u>Robert D. Romano</u>		
Street Address			Street Address		
<u>174 Pinegrove Avenue</u>			<u>174 Pinegrove Avenue</u>		
City	State	Zip	City	State	Zip
<u>Warwick</u>	<u>RI</u>	<u>02886</u>	<u>Warwick</u>	<u>RI</u>	<u>02886</u>
Secretary Name			Treasurer Name		
<u>Robert D. Romano</u>			<u>Robert D. Romano</u>		
Street Address			Street Address		
<u>174 Pinegrove Avenue</u>			<u>174 Pinegrove Avenue</u>		
City	State	Zip	City	State	Zip
<u>Warwick</u>	<u>RI</u>	<u>02886</u>	<u>Warwick</u>	<u>RI</u>	<u>02886</u>

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

Director Name			Director Name		
<u>None</u>					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>600 SHS</u>	<u>common</u>	<u>no par</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<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

File Date: 1/30/2002  
Check No.: 1735  
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.

Robert D Romano 1/22/02  
Signature of Officer Date  
Robert D. Romano  
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 02903-1335  
401-277-3040



**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. 104339 2. Name of Corporation S.P.A. Transport Inc.  
3. Street Address Principal Business Office 174 Pinegrove Avenue City Warwick State RI Zip 02886  
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	Vice President Name
Robert D. Romano	Robert D. Romano
Street Address	Street Address
174 Pinegrove Avenue	174 Pinegrove Avenue
City	City
Warwick	Warwick
State	State
RI	RI
Zip	Zip
02886	02886
Secretary Name	Treasurer Name
Robert D. Romano	Robert D. Romano
Street Address	Street Address
174 Pinegrove Avenue	174 Pinegrove Avenue
City	City
Warwick	Warwick
State	State
RI	RI
Zip	Zip
02886	02886

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

Director Name	Director Name
None	
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS	common	no par

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: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

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.

Robert D. Romano 2/22/01  
Signature of Officer Date

Robert D. Romano

Print or Type Name of Officer

President

Title of Officer



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 02903-1335  
401-222-3040



**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. <b>134339</b>		2. Name of Corporation <b>S.P.A. Transport Inc.</b>			
3. Street Address Principal Business Office <b>174 Pinegrove Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No.		5. State of Incorporation <b>Rhode Island</b>			6. SIC Code <b>6114</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Taxicab business</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Robert D. Romano</b>			Vice President Name <b>Robert D. Romano</b>		
Street Address <b>174 Pinegrove Avenue</b>			Street Address <b>174 Pinegrove Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Robert D. Romano</b>			Treasurer Name <b>Robert D. Romano</b>		
Street Address <b>174 Pinegrove Avenue</b>			Street Address <b>174 Pinegrove Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>None</b>			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
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600</b>	<b>common</b>	<b>no par</b>	<b>100</b>	<b>common</b>	<b>no par</b>

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

File Date: 3/14/2000

Check No.: 1155

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.

Signature of Officer: Robert D. Romano Date: 3/13/00

Robert D. Romano

Print or Type Name of Officer

President

Title of Officer