

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: Januar	y I - March I		TORT FOR THE			
FORM MUST BE TYPED						
1. Corporate ID No.	2. Name of Corp			· · · · · · · · · · · · · · · · · · ·		
104339	S.P.A. Tra	nsport Inc.				
3. Street Address Principal	_		City	State	Zip	
2291 WEST SHORE	E ROAD		WARWICK	RI	02889-	
4. Business Phone No.		5. State of Incorpo.			6. SIC Code	
4018213338		RHODE ISL/	AND		6114	
7. Brief Description of the C TRANSPORTATION O						
8. NAMES AND ADDI President Name	RESSES OF THE O	FFICERS_("X"_BOX FO	RATTACHMENT) FILL JN.S	SPACES BEFORE USING A	ITACHMENTS	
Robert D. Roman	10		- Robert D. Roma	ano		
Street Address			Street Address			
174 Pinegrove A	venue		- 174 Pinegrove	Avenue		
City	State	Zip	City	State	Zip	
Warwick	įRI	02889	· Warwick	RI	02889	
Secretary Name	• • • • • • • •	• • • • • • • • •	Treasurer Name		• • • • • • • • • • •	
Robert D. Romano		Robert D. Roma	ıno			
Sircei Address		Street Address				
174 Pinegrove A	venue		.174 Pinegrove	Avenue		
Cip	State	Zip	City	State	Zip	
Warwick	RI	02889	.Warwick	RI	02889	
9. NAMES AND ADDE Director Name	RESSES OF THE DI	RECTORS ("X" BOX F	OR ATTACHMENT) FILL IN	N SPACES BEFORE USING	ATTACHMENTS	
Robert D. Roman	.0		•			
Street Address	·····		· Street Address			
174 Pinegrove A	venue		•			
Cirv	State	Zip	·City	State	Zip	
Warwick	i _{RI}	02889				
Director Name			Director Name		<i>1</i>	
			•			
Sirees Address	····		'Street Address			
ā:	C			·		
Ciņ	State	Zip	.Cliy	State	Zip	
				······································		
10. SHARES AUTHOR	RIZED ("X" BOX FO	RATTACHMENT) 🗌 🗆		'X" BOX FOR ATTACHMEN	σ \square	
AUTHORIZED SHARES		 _	ISSUED SHARES			
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value	
600 NO PAR VALUE	<u> </u>		100	common	no par	
	· · · · · · · · · · · · · · · · · · ·					
· 						
his report must be si	gned in ink by eiti	her the President, Vic	e President, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Truste	
EL REM BENI	AIAAA IRIGA IRIIG IAI					
					→	
1 U	4 3 3 9			erjury, I declare and affirm		
				ng any accompanying sche		
*104339 DBC 01/11	I/05 09:47:52 AM ¹	·	and that all stateme	ents contained herein are th	ic and correct.	
File Date 119	105		1/LA	D. T/m -/	1-16-05	
		-	Signature of Officer	- 10mer	Date	
Check No. 2749	1		Robert D. I			

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer

Form 630 12/01

President



By_

FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January		iling Fce: \$50.00			
(FORM MUST BE TYPED II I. Corporate ID No.	N BLACK) [2. Name of Corpo.	ration	······································		
104339	S.P.A. Trans				
3. Street Address Principal B		'	Ciry	State	Zip
2291 WEST SHORE	_	•	WARWICK	RI	02889-
4. Business Phone No.		5. State of Incorpora	ilon		6. SIC Code
4018213338		RHODE ISLAN			6114
7. Brief Description of the CL TRANSPORTATION OF	naracter of Business Con PASSENGERS AND	ducted in Rhode Island BAGGAGB			
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS CX" BOX FOR	ATTACIMENT) . FILL IN S	PACES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
Robert D. Romand			 Robert D. Roma 	no	
Sireei Address			Street Address		
174 Pinegrove Av	renue		174 Pinegrove	Avenue	
Ciŋ	State	Z:p	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
Secretary Name		• • · · · · · · · · · · · · · · · · · ·	Treasurer Name	• • • • • • • • • • •	
Robert D. Romano)		Robert D. Roma:	no	
Street Address			* Street Address	•	
174 Pinegrove Av	renue		.174 Pinegrove	Avenue	
City	State	Zip	*City	State	Zip
Warwick	RI	02889	. Warwick	RI	02889
9. NAMES AND ADDRI	ESSÉS OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Robert D. Romano	•		·		
· · · · · · · · · · · · · · · · · · ·	,		Character and the same	 	
Street Address 174 Pinegrove Av	enue		Street Address		
City	State	Zip	•City	State	Zip
Warwick	RI	02889	• 1		'
Director Name			Director Name	<i></i> !	
Street Address			· Sireet Address		
			•		
Ciry	State	Zip	City	State	Ζίρ
•	1		•		
10. SHARES AUTHORI	ZED ("X" BOX FOR.	ATTACHMENT)		X" BOX FOR ATTACIIMEN	(n 🗆
AUTHORIZED SHARES	CI C	n 1/ l	ISSUED SHARES	Tour many	In-1/1-
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 he sign	ned in ink hu oithe	er the President Vice	President, Secretary, Assi	istant Secretary Treas	urer Receiver or Trustee
		r me i restaem, rice	i resident, bebreidty, rissi	sium occiciury, ircus.	inci, receiver or initiated
				· .	
				•	
1 0 4	3 3 9		Under penalty of pe	rjury, I declare and affirm	that I have examined
			this report, includin	g any accompanying sched	lules and statements,
104339 DBG=01/07/	04 10:25:07 PM		and that all stateme	hts contained herein are tru	ie and correct.
W W K≤⇒ Wa	الاز الارتاب المستقطأ منا		1/1/1	\sim //	8 1-12-04
File Date		-	1 Cours	1) 10mar	
JAN 22	2004		Signature of Officer	_	Date
Check No.		-	Robert D. F	Romano	
. By m	17313		Print or Type Name o	Officer	

President

Title of Officer



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



riting reriou: junuui	ry 1-march 1	Filing Fee: \$30.00			INSTRUCTION
FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1. Corporate ID No.	• •				
104339		port Inc.			
3. Street Address Principal Busine			City	State	Zip
*, Day *******************************		5. State of Incorporation	war wick	Rt	0288-9 6. SIC Code
401 - 821 - 33 7. Brief Description of the Charac	38 ter of Business Conducted In	RHODE ISLAND			6114
Transportati	on of Pas	sengers and	Baggage	EFORE LIGINIC ATTACL	NA CATTO
President Name			Vice President Name		
Robert D.	Romano		Robert Sueer Address	A. Romano	•
70 Mocc	asin Dr	710	70 Mocca	isin Dr	710
Warwicke Secretary Name	RF	02889	War Wick Treasurer Name	RI	02889
Street Address			Street Address		
City	State	ZIp	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	HMENTS
Street Address			Street Address		
City	,State	Zip	City	State	ZIp
Director Name	·		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zlp
10. SHARES AUTHORIZ	ED (*x* box for atta	CHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			300 show	N. Pon o (Pos)	
		_	300 shows	(UP) No Par	
his report must be sig	ned in ink by eith	er the President. Vice	President, Secretary, Assist	ant Secretary Treasure	er. Receiver or Trust
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	S.P.A. Transport Inc. Principal Business Office Liby State Liby State Liby State AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) State Zip Liby State Lipy St				

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ile Date:	2/14/0	3
Check No.:	2036	
ly:		
OR SECRETARY OF ST	ATE USE ONLY	On

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.

1 (west	<u> </u>	Komaro		1-17-03
Signature of Officer			Date	
Robert D.		Ramana		1-17-07

Print or Type Nume of Officer Preside of officer

Form 630 12/02



(FORM MUST BE TYPED IN BLACK)

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

STOP
PLEASE READ
INSTRUCTIONS

104339 3. Street Address Principal Business Offic 174 Pinegrove Av	11. 16	S.P.A. Tra	nsport Inc.		
, ,	r				
174 Pinegrove Av			City	State	ZIp
	zenue		Warwick	RI	02886
4. Business Phone No.		5. State of Incorporation	•		6. SIC Code
			Rhode Island		6114
7. Brief Description of the Character of B	usiness Conducted in Rh	ode Island			
Taxi Cab Busine	ess				
8. NAMES AND ADDRESSES President Name	OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEI Vice President Name	FORE USING ATTACHM	ENTS
Robert D. Romar	ιο		Robert D. Roma	ino	
174 Pinegrove A	Avenue		174 Pinegrove	Avenue	
<u>-</u>	State	Zip	City	State	Zip
Warwick Secretary Name	RI .	02886	Warwick Treasurer Name	RI	02886
Robert D. Roman	no		Robert D. Roma	ino	
Street Address	•		Street Address	•	
174 Pinegrove A	Avenue		174 Pinegrove	Avenue	
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886
9. NAMES AND ADDRESSES Director Name	OF THE DIRECT	ORS (*X* BOX FOR ATTAC	CHMENT) FILL IN SPACES E Director Name	SEFORE USING ATTACH	IMENTS
None 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 (* authorized shares	X° BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
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 i				• •	•

Under penalty of perjury, I declare and affirm that I have examined

Check No.: 1735

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.

Kobert D Com

Robert D. Romano

Print or Type Name of Officer
President

Title of Officer

€> 5

Form 630 12/01

State

RI

City

Warwick

Street Address

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

Zip

02886

State

ŔΙ

401-277-3040 STOP PLEASE PEAN

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Perioa: January 1-March 1	Filing Fee. \$30.00			
(FORM MUST BE TYPED IN BLACK)				
I. Corporate ID No. 2. Name of Co.	poration			
104339	S.P.A. Transport	inc.		
3. Street Address Principal Business Office		City	State	ZIp
174 Pinegrove Avenue		Warwick	RI	02886
4. Business Phone No.	5. State of incorporation			6. SIC Code
	Rhode	Island		6114
7. Brief Description of the Character of Business Condu	ted in Rhode Island	•		
Taxi Cab Business				
8. NAMES AND ADDRESSES OF THE C	FFICERS ("X" BOX FOR ATTACK	iment)		
President Name		Vice President Name		-
Robert D. Romano		Robert D. I	Romano	
Street Address	•	Street Address		
174 Pinegrove Avenue		174 Pinegro	ove Avenue	

Secretary Name			Treasurer Name		
Robert D. Ro	omano		Robert D. F		
Street Address			Street Address		-
174 Pinegro	ve Avenue		174 Pinegro	ve Avenue	
City	State	Zip	City	State	Zip
Warwick	RI	02886	Warwick	RI	02886

City

Warwick

Street Address

9. NAMES AND ADDRESSES OF THE DIRECTOR	IS (*X* BOX FOR ATTACHMENT)
Director Name	Director Name
None	

Zip

02886

Street Address

City State Zip Clty State Zip

Director Name

Director Name

City State Zip City State Zig

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series 100 no par 600 SHS common 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.:	[C.T.]
	MAR 0 5 2001
FOR SECRETAR	Y 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

Robert D. Romano
Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Sccretary 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

STOP- PLEASE READ I
02886
6. SIC Code 6114
MENTS
02886
02886
HMENTS
Zip

(FORM MUST BE TYPED I					100
1. Corporate ID No.	2. Name of Corpore		Transport Inc		
104 23	9	5.P.A. 1	ransport Inc.		
3. Street Address Principal Bi 174 Pinear	cove Avenue		City Warwick	State	02886
4. Business Phone No.		S. State of incorporation			6. SIC Code
			: Island		6114
	naracter of Business Conducted	In Rhode Island		··· ··································	
Taxicab b	ousiness				
	DRESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
Robert D. R	Comano		Robert D. R	omano	
Street Address			Street Address		
174 Pinegro	ove Avenue		174 Pinegro	ve Avenue	
Warwick	State	^{Zip} 02886	cny Warwick	State RI	^{2ip} 02886
Secretary Name Robert D. Romano			Treasurer Name Robert D. Re	omano	
Street Address 174 Pinegrove Avenue		Street Address 174 Pinegrove Avenue			
Warwick.	State RI	02886	City Warwick	State RI	^{zip} 02886
9. NAMES AND ADE	DRESSES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
None	•		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		· · · · · · · · · · · · · · · · · · ·	Director Name		l
Street Address			Street Address		
City	State	Zip	Clty	State	Zip
10. SHARES AUTHOI	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	common	no par	100	. common	no_par
					
Th:					<u> </u>
inis report must be	signed in ink by eit!	ner the President, Vice	President, Secretary, As	sistant Secretary, Treasu	rer. Receiver or Truste

	数学
	Under penalty of perjury, I declare and affirm that I have examined
10 Date:3 14/200	this report, including any accompanying schedules and statements, and that all statements contained herein are true and gorrect.
neck No.: 1/55	Signature of Officer Date
	Robert D. Romano Print or Type Name of Officer
DR SECRETARY OF STATE USE ONLY	President
	Title of Officer