



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 11075		2. Exact name of the Corporation East Providence Cab Co., Inc.			
3. Principal office address 2723 Pawtucket Avenue		City East Providence		State RI	Zip 02914
4. Business Phone No. 401-434-2000		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Serving of general public in a taxicab business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name None at the present time			Vice-President Name Edmund Sousa		
Street Address			Street Address 99 Sutton Avenue		
City	State	Zip	City	State	Zip
			East Providence	RI	02914
Secretary Name Donald Sousa			Treasurer Name Donald Sousa		
Street Address 166 Central Avenue			Street Address 166 Central Avenue		
City	State	Zip	City	State	Zip
East Providence	RI	02914	East Providence	RI	02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Edmund Sousa			Director Name		
Street Address 99 Sutton Avenue			Street Address		
City	State	Zip	City	State	Zip
East Providence	RI	02914			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	commom	none

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.

File Date _____
 Check No. _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

FILED

JUL 15 2013

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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.

X Donald Sousa 7/12/13
 Signature of Authorized Representative Date

Donald Sousa, Secretary/Treasurer

Print or Type Name of Authorized Representative