



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 2014

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. 000036642		2. Exact name of the Corporation Royal Cab, Inc.		
3. Principal office address 19 Cross Street		City Central Falls	State RI	Zip 02863
4. Business Phone No. (401) 725-9000		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Passenger Transportation				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Michael Cavallaro		Vice-President Name Anthony Leiter		
Street Address 71 Derry St.		Street Address 19 Cross Street		
City Providence	State RI	Zip 02908	City Central Falls	State RI
Zip 02908	Secretary Name Anthony Leiter		Treasurer Name Michael Cavallaro	
Street Address 19 Cross Street		Street Address 71 Derry St.		
City Central Falls	State RI	Zip 02863	City Providence	State RI
Zip 02908	8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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			
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1		

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: 232737

FILED
 SEP 22 2014
 A.A.

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.

David St. Hilaire 9-22-14
 Signature of Authorized Representative Date
 David St. Hilaire
 Print or Type Name of Authorized Representative

SECRETARY OF STATE
 CORPORATIONS DIV
 2014 SEP 22 PM 2:05