A COLOR A Tolerad and Bur	mber: 201859044210 vidence Plantations	Date: 2/23/2018 4:00:00 PM	
Department of State -	· Business Services D	ivision	
Annual Report for the year: Corporation	2018	-	

<ul> <li>→ Filing period: January</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25</li> </ul>		ot filed by April 1.			, , 	RANCE VED		
1. Entity ID Number 144820		2. Exact name of the Corporation  APPONAUG TAXI, INC.						
3. Principal Office Address 174 Pinegrove Avenue			City Warwick			Zip 0 <b>2889</b>		
4. NAICS Code  485310  5. State of Incorporation  Rhode Island	To operate	iption of the charac		vice	<u>, , , , , , , , , , , , , , , , , , , </u>			
7. List ALL officers (names and addresses)  President Name  John R. Zanfagna			Check the box to indicate an attachment ☐  Vice-President Name  John R. Zanfagna					
Street Address 174 Pinegrove Avenue			Street Address 174 Pinegrove Avenue					
City Warwick	State RI	Zip 02889	City Warwick		State RI	Z <sub>IP</sub> 02889		
Secretary Name John R. Zanf	cretary Name John R. Zanfagna		Treasurer Name John R. Zanfagna					
Street Address 174 Pinegrove Avenue		Street Address 174 Pinegrove Avenue						
<sup>City</sup> Warwick	State RI	Zip 02889	<sup>City</sup> Warwick		State RI	<sup>Zip</sup> 02889		
8. List ALL directors (names a Director Name John R. Zanfa Street Address	gna		Director Nam	ne	eck the box to indic	ate an attachment 🔲		
City Warwick	State RI	Z <sub>IP</sub> 02889	City		State	Zip		
Director Name		02003	Director Nam	ne				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Is	SUED SHARES	Cho		ate an attachment		
This information is currently of record in the Department of State.  Changes require an additional filing.		100	Comm		No Par			
11. This report must be executrustee, this report must be e Under penalty of perjury, I statements, and that all statements and that all statements. Signature of Authorized Represe Signature of Authorized Represe Signature of Authorized Represe	uted on behalf of the xecuted on behalf of declare and affirm tements contained intative	the corporation by that I have examin I herein are true a	the receiver or ned this report, and correct.	trustee. including any ac	companying sche			
John R Za	nfagna	SIGN DO	FEB 9 3 2		<del>-</del>			

MAJE TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov