



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 SECRETARY OF STATE
 CORPORATIONS DIV
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|--|-------------|--|-----------------|-----------------|--------------|
| 1. Entity ID Number 144820 | | 2. Exact name of the Corporation APPONAUG TAXI, INC. | | | |
| 3. Principal Office Address 174 Pinegrove Avenue | | City Warwick | | State RI | Zip 02889 |
| 4. NAICS Code 485310 | | 6. Brief description of the character of business conducted in Rhode Island To operate passenger Vehicles as a taxi service | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Robert D. Romano | | 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 | 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 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 100 | Common | No Par | |
| 11. 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. 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. | | | | | |
| Name of Authorized Representative Robert D. Romano | | | | Date 1-31-19 | |
| Signature of Authorized Representative <i>Robert D. Romano</i> | | | | Date 1-31-19 | |

FILED
 MAR 15 2019
 SIGNATURE OF AUTHORIZED REPRESENTATIVE
 BY *WDF/H2R*