



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

**DIVISION OF PUBLIC UTILITIES AND CARRIERS**

**Motor Carriers Section**

89 Jefferson Blvd.  
Warwick, R.I. 02888  
(401) 941-4500

Dear Certificate Holder:

Enclosed you will find a blank annual report form. You are required to fill out the entire report for the preceding calendar year.\*

Please pay particular attention to pages 2 and 3 (Schedule B and first 3 lines), and page 5. Also, please make sure your answer to Question No. 10 correctly corresponds to the financial documentation for salaries and wages listed in Schedule E.

You are required to include with your filing a notarized affidavit, a Letter of Good Standing from the Secretary of State (if a corporation), and a current certificate of liability insurance. Any annual report not filled out in its entirety and/or not accompanied by the required paperwork, will be returned to you and will be considered as "not filed."

If you have any questions, please contact Principal Auditor Rick Jendzejec at 941-4500 ext. 149.

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\* Taxi Rules and Regulations effective 9/21/2000

**STATE OF RHODE ISLAND  
DIVISION OF PUBLIC UTILITIES AND CARRIERS  
89 Jefferson Boulevard  
Warwick, Rhode Island 02888**

**TAXICAB OR LIMITED PUBLIC MOTOR VEHICLE**

***ANNUAL REPORT***

**FOR THE CALENDAR YEAR ENDING DECEMBER 31, 200\_\_**

These blank forms are for submission of your annual financial report and are transmitted to you in accordance with the Provision of Section 39-03-14 and Section 39-14-12 of the General Laws of the State of Rhode Island.

The returns are to be made for the previous calendar year and should be in accordance with the books at the close of business on December 31 of that year.

Company name and business address:

Note changes below:

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

**ANNUAL REPORTS ARE DUE NO LATER THAN APRIL 15\***

**Forward to:**

Rhode Island Division of Public Utilities and Carriers  
89 Jefferson Boulevard  
Warwick, Rhode Island 02888

Report of Taxicab and/or Limited Public Motor Vehicle Operations  
Year Ended December 31, 200

**SCHEDULE A**

THE FOLLOWING DOCUMENTATION MUST BE ATTACHED WITH THE FILING OF THIS REPORT

1. For Corporations, submit a Letter of Good Standing obtained from the Secretary of State's Office.
2. Copy of Financial Responsibility.

Answer every question, or write "none"

1. Name of Certificate Holder (as it appears on your certificate):  
\_\_\_\_\_
2. Check one of the following: Corporation (  ), Partnership (  ), or Individual (  )
3. Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_
4. Location of principal business office: \_\_\_\_\_  
\_\_\_\_\_
5. Telephone number at place of business and/or residence: ( \_\_\_\_\_ ) \_\_\_\_\_
6. List State Certificate Number(s) and indicate number of taxis and/or limited public motor vehicles operated under each certificate: \_\_\_\_\_  
\_\_\_\_\_
7. State the area, by cities or towns, in which you are authorized to solicit passengers.  
\_\_\_\_\_  
\_\_\_\_\_
8. Does certificate holder operate any type of transportation service other than that of a taxicab and/or limited public motor vehicle? Yes (  ) No (  )
9. If yes, state the nature of other type(s) of transportation services and number of vehicles employed herein:  
\_\_\_\_\_  
\_\_\_\_\_
10. Does your company lease any of the vehicles listed on Schedule C of this annual report?  
Yes (  ) No (  )



**SCHEDULE D**  
**BALANCE SHEET**

**ASSETS:**

Cash	\$ _____
Notes Receivable	_____
Accounts Receivable	_____
Furniture and Fixtures (less depreciation)	_____
Materials and Supplies	_____
Motor Vehicles	_____
Real Estate (less depreciation)	_____
Other Plant or Equipment (less depreciation)	_____
Certificates	_____
Other Assets (itemize below)	_____
_____	_____
_____	_____
_____	_____

**TOTAL ASSETS:** \$ \_\_\_\_\_

**LIABILITIES AND CAPITAL:**

Notes Payable	\$ _____
Accounts Payable	_____
Other Liabilities (itemize below)	_____
_____	_____
_____	_____
_____	_____

**RESERVES:**

New Worth (if individual or partnership)	\$ _____
Capital Stock (if corporation)	_____
Surplus	_____

**TOTAL LIABILITIES AND CAPITAL** \$ \_\_\_\_\_

**NOTE:** THE DIVISION RESERVES THE RIGHT TO REQUEST BACKUP MATERIAL SUCH AS, COPY OF FEDERAL INCOME TAX RETURNS.

**SCHEDULE E**  
**STATEMENT OF INCOME AND EXPENSE**

GROSS INCOME (The certificate holder is responsible for recording all revenues generated by any leased vehicle and that revenue amount must be included in the certificate holder's gross revenue.)

**OPERATING REVENUE:**

Passenger Revenue	\$ _____
Other Operating Revenue (itemize below)	
_____	_____
_____	_____
 <b>TOTAL OPERATING REVENUE</b>	 <b>\$ _____</b>

**OPERATING EXPENSES:**

Advertising	_____
Auditing	_____
Bad debts	_____
Depreciation (vehicles)	_____
Depreciation (other than vehicles)	_____
Expense sundry	_____
Gasoline, oil, etc.	_____
Insurance	_____
Interest paid	_____
Legal fees	_____
Postage	_____
Printing, stationary, supplies	_____
Rent	_____
Repairs and parts	_____
Salaries of employees	_____
Taxes: a. License and Registration	_____
b. State and local taxes	_____
c. Federal taxes	_____
Telephone	_____
Other expenses (itemize)	_____

**TOTAL EXPENSES** **\$ \_\_\_\_\_**

COMBINED NET REVENUE \$ \_\_\_\_\_

DIVIDENDS PAID (if corporation) \$ \_\_\_\_\_

WITHDRAWALS (if Individual or Partnership) \$ \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, the undersigned, being the  
NAME

\_\_\_\_\_ of \_\_\_\_\_  
TITLE NAME OF BUSINESS

\_\_\_\_\_  
ADDRESS OF BUSINESS

State that the foregoing return has been prepared under my direction, from the original books and records of said respondent, that I have carefully examined the same, and declare the same to be a complete and correct statement in respect to each and every matter set forth, to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_ in the  
Calendar year of 200\_\_\_\_, at \_\_\_\_\_, Rhode Island.  
County

\_\_\_\_\_  
**Notary Public**

My commission expires on:

\_\_\_\_\_  
**(Date)**

**NOTE: Reports must be signed by the individual listed on the operating taxicab certificate or an officer of the corporation operating the taxicab service or limited public motor vehicle service.**