

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MASSACHUSETTS

Case number (if known)

Chapter you are filing under:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Ketterle Cab, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-5611388

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 1631 Hyde Park Avenue Hyde Park, MA 02136 Suffolk County

5. Debtor's website (URL)

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership Other. Specify:

**7. Describe debtor's business** A. *Check one:*

Health Care Business (as defined in 11 U.S.C. § 101(27A))

Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Railroad (as defined in 11 U.S.C. § 101(44))

Stockbroker (as defined in 11 U.S.C. § 101(53AB))

Commodity Broker (as defined in 11 U.S.C. § 101(6))

Clearing Bank (as defined in 11 U.S.C. § 781(3))

None of the above

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B. *Check all that apply*

Tax-exempt entity (as described in 26 U.S.C. §501)

Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)

Investment advisor (as defined in 15 U.S.C. §80a-3)

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C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.naics.com/search/>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the Debtor filing?** *Check one:*

Chapter 7

Chapter 9

Chapter 11. *Check all that apply:*

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years after that).

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operation, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

A plan is being filed with this petition.

Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.

The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**  No.  Yes.

If more than 2 cases, attach a separate list.

District _____	When _____	Case number _____
District _____	When _____	Case number _____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**  No.  Yes.

List all cases. If more than 1, attach a separate list

Debtor	<u>Paul Cab, Inc.</u>	Relationship to you	<u>Affiliate</u>
District	<u>MA</u>	When	<u>12/03/15</u>
		Case number, if known	<u>15-14739-MSH</u>

11. **Why is the case filed in this district?** *Check all that apply:*
- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
  - A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. **Does the debtor own or have possession of any real property or personal property that needs immediate attention?**
- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.
- Why does the property need immediate attention?** *(Check all that apply.)*
- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
  - It needs to be physically secured or protected from the weather.
  - It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
  - Other \_\_\_\_\_
- Where is the property?** \_\_\_\_\_  
Number, Street, City, State & ZIP Code
- Is the property insured?**
- No
  - Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

13. **Debtor's estimation of available funds** *Check one:*
- Funds will be available for distribution to unsecured creditors.
  - After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. **Estimated number of creditors**
- |                                          |                                        |                                            |
|------------------------------------------|----------------------------------------|--------------------------------------------|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99           | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199         | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999         |                                        |                                            |

15. **Estimated Assets**
- |                                                    |                                                        |                                                          |
|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. **Estimated liabilities**
- |                                                    |                                                        |                                                          |
|----------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
| <input checked="" type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input type="checkbox"/> \$50,001 - \$100,000      | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000     | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million   | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

**Request for Relief, Declaration, and Signature**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 3, 2015  
MM / DD / YYYY

**X /s/ Siveny Augustin**  
Signature of authorized representative of debtor  
  
Title President

**Siveny Augustin**  
Printed name

**18. Signature of attorney**

**X /s/ John F. Sommerstein**  
Signature of attorney for debtor

Date **December 3, 2015**  
MM / DD / YYYY

**John F. Sommerstein**  
Printed name

**Law Offices of John F. Sommerstein**  
Firm name

**98 North Washington  
Boston, MA 02114**  
Number, Street, City, State & ZIP Code

Contact phone (617) 523-7474 Email address jfsommer@aol.com

**555521**  
Bar number and State

**United States Bankruptcy Court  
District of Massachusetts**

In re **Ketterle Cab, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 3, 2015**

**/s/ Siveny Augustin**

**Siveny Augustin/President**

Signer/Title

Ketterle Cab, Inc.  
1631 Hyde Park Avenue  
Hyde Park, MA 02136

Department of Revenue  
Bankruptcy Unit  
P.O. Box 9564  
Boston, MA 02114

Internal Revenue Service  
P.O. Box 21126  
Philadelphia, PA 19114

Kline & Sanders  
233 Needham Street  
Suite 460  
Newton Upper Falls, MA 02464

Luc Jean  
77 Fuller Street  
Mattapan, MA 02126

Radius Bank  
P.O. Box 55063  
Boston, MA 02205

Siveny Augustin  
173 Eliot Street  
Milton, MA 02186

Siveny Augustin  
173 Elliot Street  
Milton, MA 02186

Union Garage, Inc.  
1631 Hyde Park Avenue  
Hyde Park, MA 02136

**United States Bankruptcy Court  
District of Massachusetts**

In re **Ketterle Cab, Inc.**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Ketterle Cab, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**Siveny Augustin**  
**173 Eliot Street**  
**Milton, MA 02186**

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None [*Check if applicable*]

**December 3, 2015**

Date

**/s/ John F. Sommerstein**

**John F. Sommerstein 555521**

Signature of Attorney or Litigant

Counsel for **Ketterle Cab, Inc.**

**Law Offices of John F. Sommerstein**

**98 North Washington**

**Boston, MA 02114**

**(617) 523-7474 Fax:(617) 523-7484**

**jfsommer@aol.com**

**OFFICIAL FORM 7**

**United States Bankruptcy Court  
District of Massachusetts**

In re Ketterle Cab, Inc.

Debtor(s)

Case No.

Chapter 11

**DECLARATION RE: ELECTRONIC FILING**

**PART I- DECLARATION OF PETITIONER**

I [We] Siveny Augustin, President, *hereby declare(s) under penalty of perjury* that all of the information contained in my **Petition, Schedules, Statemtns and Plan(s)** (singly or jointly the "Document"), filed electronically, is true and correct. I understand that this *DECLARATION* is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this *DECLARATION* may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that pursuant to the Massachusetts Electronic Filing Local Rule (MEFLR)-7(a) all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/ECF Registered User for a period of five (5) years after the closing of this case.

Dated: **December 2, 2015**

Signed: \_\_\_\_\_

**Siveny Augustin, President**  
(Affiant)

**PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)**

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this *DECLARATION*, and I have followed all other electronic filing requirements currently established by local rule and standing order. This *DECLARATION* is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Dated: **December 2, 2015**

Signed: \_\_\_\_\_

**John F. Sommerstein 555521**  
Attorney for Affiant